

Dr. Rahul K. Kakkar, MD, FCCP, FAASM

Pulmonary and Sleep Medicine - Request for Consultation

Office

☐ Wake Forest – Referral FAX: 919-589-1388 – Office Line: 919-589-1444

Reason for Consult

- | | |
|---|--|
| <input type="checkbox"/> Abnormal X-Ray | <input type="checkbox"/> Sleep Problems / Insomnia |
| <input type="checkbox"/> Shortness of Breath | <input type="checkbox"/> Sleep Apnea |
| <input type="checkbox"/> Pulmonary Function Testing | <input type="checkbox"/> Excessive Daytime Sleepiness |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Abnormal Behaviors in Sleep |
| <input type="checkbox"/> Lung Cancer | <input type="checkbox"/> Home Sleep Apnea Test, no consult |
| <input type="checkbox"/> Pulmonary Hypertension | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Asthma | _____ |

Patient Information

Name: _____ DOB: _____

Address: _____

Email: _____ Phone #: _____

Insurance Carrier: _____ ID#: _____

Group #: _____ Effective Date: _____

Additional Information: _____

Requesting Physician/Provider Name: _____