Medical Director
Reinaldo Rampolla, MD

Surgical Director
Dominick Megna, MD

Director, HLA Laboratory
Xiaohai Zhang, PhD

Transplant Pulmonologists
George Chaux, MD
Jeremy Falk, MD
Sara Ghandehari, MD

Transplant Surgeons
Pedro Catarino, MD
Danny Ramzy, MD
Wen Cheng, MD

Associate Director
Maria Fe White, MSN, FNP

Clinical Program Manager
Angela Velleca, BSN

Transplant Coordinator
Anna Puhky, RN
Referral Transplant Coordinator
Jody Kieler, RN
Pre-Transplant Coordinator
Joshua Rhoades, RN
Post-Transplant Coordinators
Saira Angeles, RN
Karen Lemberger, RN

Patient Service Representatives
Glenda Andrade
Dietra Torres
Marissa Vasquez

Pharmacist
Darina Barnes, Pharm.D.

Dietitian
Patricia Martin, RD

Social Worker
Marshia Caceres, LCSW

Finance Team
Carla McMillan, Associate Director
Karina Solorzano
Emily Dinh

LUNG TRANSPLANT REFERRAL INSTRUCTIONS

Thank you for your interest in the Lung Transplant Program at Cedars-Sinai Medical Center.

Please complete the attached form and return with the following records listed below. Once all records have been obtained and reviewed, we will contact the patient with appointment details.

REQUIRED PATIENT RECORDS:

- ☐ **Insurance Cards – Clear Copy of Front and Back**
- ☐ **Personal Identification (Photo ID) – Driver's License or Other**
- ☐ **Recent History & Physical (H&P)**
- ☐ **Pulmonary Function Test (Done within 3 months)**
- ☐ **6 Minute Walk Test (Done within 3 months)**
- ☐ **Chest CT Report and Imaging Disk (Done within 12 months)**
- ☐ **Echocardiogram Report and Imaging Disc (Done within 6 months)**
- ☐ **Chest X-Ray Report and Imaging Disk (Done within 6 months)**

REQUESTED PATIENT RECORDS (IF COMPLETED):

- ☐ **Lung Biopsy/Surgery Reports**
- ☐ **Consultant Notes (Cardiology, Nephrology, or Rheumatology)**
- ☐ **Enrollment in Pulmonary Rehabilitation Program**
- ☐ **Recent Laboratory Studies**
- ☐ **Arterial Blood Gases**

SEND RECORDS TO:

(Preferred) Email: LungTransplantReferral@cshs.org

Mail: Lung Transplant Program
8900 Beverly Blvd. 2nd Floor
Los Angeles, CA 90048

Fax: (310) 423-5666
Phone: (310) 423-7249

Please contact Anna Puhky, RN with any questions or concerns,

Phone: (310) 967-7024 / **Email:** Anna.puhky@cshs.org

LUNG TRANSPLANT REFERRAL FORM

Name:	**Social Security Number:**	**Date of Birth:**
Mailing Address:	**City / State / Zip:**	
Home Phone: **Cell Phone:**	**Emergency Contact / Telephone:**	
Email Address:		

Insurance	Subscriber	Policy #	Group #	Eff. Date

Primary MD:	**Primary MD Phone #:**	**Fax #:**
Referring MD:	**Referring MD Phone #:**	**Fax #:**

Please indicate medical reason for referral:

- ○ **Lung Transplant**
- ○ **Heart-Lung Transplant**

The patient will be seen by the earliest appointment available.

Comprehensive Transplant Center
8900 Beverly Blvd Los Angeles, CA 90048
Phone: (310) 423-7249 Fax: (310) 423-5666 www.cedars-sinai.edu/transplant