

*Pulmonary and Sleep  
Associates of Marin*



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[MarinPulmonarySleep.com](http://MarinPulmonarySleep.com)

**CONSULTATION REQUEST**

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Male \_\_\_ Female \_\_\_

Phone(s): \_\_\_\_\_ Address: \_\_\_\_\_

Referring Physician's name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Reason for Consultation: \_\_\_\_\_

Urgency: \_\_\_\_\_ routine \_\_\_\_\_ urgent

Pulmonary Consultation: \_\_\_ Dr. Soto \_\_\_ Dr. Massoumi \_\_\_ either

Sleep Consultation: \_\_\_ Dr. Soto \_\_\_ Dr. Sepulveda \_\_\_ either

***Please provide the following documents if available:***

1. Recent chest films and PFT reports
2. Sleep Study reports
3. Recent office visit notes
4. Medication list
5. Patient's contact and Insurance information.

\_\_\_\_\_  
Referring Physician's Signature

\_\_\_\_\_  
Date