Regional Lung Diagnostic Assessment Program (Lung DAP)

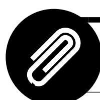
Outpatient clinic for patients with a suspicion of Lung Cancer

Niagara Health LDAP Clinic Contact Information

Tel: 905-378-4647 Nurse: x49139 Clerical: x49138 Fax 289-398-1071

Surname:	Given Name:	Date of Referral (dd/mm/yyyy):
Street: Please see attached facesheet	City:	Affix Patient Label Here
Contact Number:	Work Phone:	
OHIP Number:	VC:	Translator Required: ❑ Yes ❑ No Language (specify):
Name of Primary Contact:	Phone Number:	Relationship:

Additional / Relevant Information:



➜ REPORTS MUST BE ATTACHED ➜

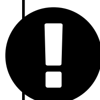
Suspicion of Lung Cancer due to results of:

❑ **X-ray**	Date (dd/mm/yyyy):	Location:
❑ **CT scan**	Date (dd/mm/yyyy):	Location:
If CT not completed state:	***Date Ordered*** (dd/mm/yyyy):	***Location:***
❑ **MRI Chest**	Date (dd/mm/yyyy):	Location:

Please attach the following:

- ❑ Past Medical History /CPP
- ❑ List of current medications
- ❑ Report with recent CBC, Creat, INR, PTT (if available)

Notes:



By signing this form, I confirm that this patient is aware of the referral.

Patient must be ready to proceed with appointments and diagnostic tests at the time of referral.

Referring Physician (Print first, last):	Billing #:
Referring Physician Signature:	Date (dd/mm/yyyy):
Phone Number:	Fax Number:

Please ensure referral is complete. Incomplete forms will be returned.

niagarahealth
Extraordinary Caring. Every Person. Every Time.

LDAP OFFICE: 519-751-5544 ext. 5585

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FAX 289-398-1071

LDAP OFFICE: 905-521-6190

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