

**Pulmonary &  
Critical Care  
Consultants  
of Austin, LLP**

**NEW PATIENT REFERRAL FORM**

**CONFIDENTIAL**

PATIENT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

INSURANCE: \_\_\_\_\_

REFERRING PHYSICIAN: \_\_\_\_\_

REFERRING PHYSICIAN PHONE: \_\_\_\_\_

REFERRING PHYSICIAN FAX: \_\_\_\_\_

REASON FOR REFERRAL:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AUSTIN DOCTORS BUILDING  
1305 WEST 34TH STREET  
SUITE 400  
AUSTIN, TX 78705  
PHONE • 512/459.6599  
FAX • 512/459.8496

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FAMILY NURSE PRACTITIONER

BRYNN CLYMER, APRN, FNP-BC  
FAMILY NURSE PRACTITIONER

LEXI ROWLEY, APRN, ACNP-BC  
ACUTE CARE NURSE PRACTITIONER

**Please send my relevant medical records including:**

- History & Physical
- Notes from recent visits
- Imaging reports (CXR, CT scans, PET scans)
- Recent lab data

**We prefer to assign new patients based on appointment availability. If evaluation by a particular physician at PCCCA is requested, please note the request below. We will do our best to accommodate your request, but please understand that some of our physicians are not currently accepting new patients into their practices. Also, waiting times for a new patient appointment may be much longer if a particular physician is requested. It may not be possible to accommodate requests in all instances.**

**Physician Requested**

- First available
- Other \_\_\_\_\_

**\*Please fax this completed form to 512-459-8496**

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