

# Statement in Relation to Lung Disease

Patient name \_\_\_\_\_

Physician name \_\_\_\_\_

Diagnosis:

(Please check all that apply)

- COPD
- Emphysema
- Interstitial lung disease
- Pulmonary fibrosis
- Other disorders of the respiratory system (Please specify) \_\_\_\_\_

The patient's pulmonary hypertension is out of proportion to the documented diagnosis as evidenced by:

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Physician's signature \_\_\_\_\_

Date \_\_\_\_\_

**Fax completed form to 800.711.3526**

Amc4271 CRP 06062012

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