

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:

Physician signature _____

Date _____

Fax completed form to 800.711.3526.