

## Patient Referral Form (Advanced Lung Disease Consultation)

### Patient Info

Civil ID	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number	Gender	Age
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Past Medical History

### Indication for Consultation

### Brief History and Clinical Examination:

### Doctor Info

Referring Doctor Name	Referring Hospital	Referring Doctor Contact
<input type="text"/>	<input type="text"/>	<input type="text"/>

### Signature

Hesham Al Sager  
Floor 2, Clinics 6 and 7



Location

**Kindly note that the patient needs to take this paper to Hesham Al Sager for their appointment.  
Kindly note that this is not an automatic appointment.**