

|                                            |                                  |                     |
|--------------------------------------------|----------------------------------|---------------------|
| <b>Pulmonary Clinic</b>                    | 5th Floor<br>RJA Clinic Building | Published: 09/25/26 |
| Clinic Referral & Scheduling<br>Guidelines | 214-266-9688                     | Page 1 of 3         |

### **CLINIC SCOPE:**

Pulmonary Clinic focuses on the diagnosis and management of disorders of the respiratory system, including the lungs, upper airways, thoracic cavity, and chest wall.

### **PROCEDURE:**

1. Below are required tests prior to referral.

A. Please see the chart below for appropriate referral characteristics and required minimum work-up prior to referral:

| <b>Clinical Condition</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <b>Minimum Work-Up Prior to Referral (within the last 6 months)</b>                                                                                                                         |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Asthma Complications <ul style="list-style-type: none"> <li>Allergic Bronchopulmonary Aspergillosis (ABPA)</li> </ul> </li> <li>Abnormal chest CT (not just chest x-ray)</li> <li>Bronchiectasis</li> <li>COPD with any of the following: <ul style="list-style-type: none"> <li>Gold stage 3 &amp; 4 (FEV1 &lt; 50%)</li> <li>Greater than two exacerbations in the last year</li> <li>Recent admission</li> </ul> </li> <li>Chronic Dyspnea without cause</li> <li>Hypoxemia without a known cause</li> </ul> | <p>Full PFT w/i 6 mos<br/>Chest CT w/i 12 mos</p> <p>Full PFT w/i 6 mos<br/>Chest CT w/i 12 mos</p> <p>Full PFT w/i 6 mos<br/>CXR w/i 6 mos</p> <p>Full PFT w/i 6 mos<br/>CXR w/i 6 mos</p> |

|                                            |                                  |                     |
|--------------------------------------------|----------------------------------|---------------------|
| <b>Pulmonary Clinic</b>                    | 5th Floor<br>RJA Clinic Building | Published: 09/25/26 |
| Clinic Referral & Scheduling<br>Guidelines | 214-266-9688                     | Page 2 of 3         |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Infections <ul style="list-style-type: none"> <li>○ Nontuberculous mycobacterial disease (MAI, M. Kansasii)</li> <li>○ Fungal disease</li> </ul> </li> <li>• Interstitial Lung Disease (ILD)</li> <li>• Sarcoidosis</li> <li>• Preoperative Clearance <ul style="list-style-type: none"> <li>○ FEV1 &lt; 50% or 1 L</li> <li>○ Pulmonary Hypertension</li> <li>○ Chronic respiratory failure</li> <li>○ ILD followed by us</li> </ul> </li> <li>• Pulmonary embolism</li> <li>• Pulmonary Hypertension <ul style="list-style-type: none"> <li>○ RVSP &gt; 40 on transthoracic echo</li> <li>○ Right Heart dysfunction on transthoracic echo</li> <li>○ Chronic respiratory failure</li> </ul> </li> </ul> | <p>Full PFT w/i 6 mos<br/>Chest CT w/i 12 mos</p> <p>Full PFT w/i 6 mos<br/>Chest CT w/i 12 mos</p> <p>Full PFT w/i 6 mos</p> <p>CT w/i 6 months and full PFT w/i 6 months</p> <p>CT w/i 6 months and full PFT w/i 6 months</p> <p>Full PFT w/i 6 mos<br/>CXR w/i 6 mos<br/>TTE w/i 6 mos</p> <p>Prior Chest CT angiogram (PE) protocol or V/Q scan documenting PE</p> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                            |                                  |                     |
|--------------------------------------------|----------------------------------|---------------------|
| <b>Pulmonary Clinic</b>                    | 5th Floor<br>RJA Clinic Building | Published: 09/25/26 |
| Clinic Referral & Scheduling<br>Guidelines | 214-266-9688                     | Page 3 of 3         |

2. Not within the Scope of this Clinic:

A. Please see below for where to refer patients that are not within the scope of this clinic:

| <b>Clinical Condition</b>                       | <b>Refer Patient to:</b>   |
|-------------------------------------------------|----------------------------|
| • Patient < 16 years of age                     | • Children's Hospital      |
| • Patients needing home oxygen (O2)             | • PCP                      |
| • OSA                                           | • Sleep clinic             |
| • Diagnosis of asthma without a smoking history | • PCP / Asthma Clinic      |
| • Mass/nodule suspicious for malignancy         | • Oncology Lung diagnostic |
| • Management of tracheostomy/trach changes      | • ENT                      |
| • Regular pre-op clearance                      | • PCP                      |