



Referral Request Pulmonary and Sleep Medicine

Pulmonary Consultation
 Sleep Consultation
 First Available
 ASAP

- | | |
|---|---|
| <input type="checkbox"/> Sonal Arora, MD
<input type="checkbox"/> Adam Belanger, MD
<input type="checkbox"/> F. Farrell Collins, Jr., M.D.
<input type="checkbox"/> Scott Johnson, M.D.
<input type="checkbox"/> Michael Pritchett, D.O.
<input type="checkbox"/> David Thornton, M.D. | <input type="checkbox"/> Fayetteville or Sanford
<input type="checkbox"/> Pinehurst or Sanford
<input type="checkbox"/> Pinehurst
<input type="checkbox"/> Pinehurst
<input type="checkbox"/> Pinehurst
<input type="checkbox"/> Pinehurst |
|---|---|

Patient Information

Last Name	First Name	Middle Initial	Date of Birth (Month / Day / Year)
Address			Social Security Number
City	State	Zip	Home Phone Number
Email Address			Mobile Phone Number
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female			

Insurance Information*

Please fax copies of the card(s) and insurance authorization if applicable

Carrier	Name of Participant and Date of Birth (If different than patient)
Policy Number	Participant Number
Issue Date	

Referring Provider Information

Referring Provider Name	Office Contact Name	Phone Number
Address		Fax Number
City	State	Zip
PCP or Specialty-Specify		

Reason for Referral

Abnormal Chest X-ray/CT	Asthma	Pulmonary Hypertension	Interstitial Lung Disease
COPD/Emphysema	Bronchiectasis	Sleep Apnea	Xolair Evaluation and Treatment
Lung Cancer	Cough	Shortness of Breath Sleep	
Insomnia	Fatigue	Snoring	Other: _____

Complete all fields on the form & fax all related documents (office notes, testing, labs & imaging results**) to the appropriate location below.

Sanford Fax (919) 292-1205

Fayetteville Fax (910) 491-8230

Pinehurst Fax (910) 235- 3401

PLEASE NOTE: Once we have received your referral we will review the information then contact your patient to schedule the new consult appointment. We will fax you as soon as we have the appointment scheduled. A new patient packet will be mailed to your patient. Please visit the PMC Website for an up to date list of insurance carriers prior to referring. www.pinehurstmedical.com/pinehurst-medical/contracted-payer-list

***CTs completed at facilities other than FirstHealth or Scotland Memorial must be provided on a disk at patient's appointment.**

Appointment Date	Time
With Provider	