



NORTH MISSISSIPPI HEALTH SERVICES

Pulmonary Referral Form

Tupelo Pulmonary Consultants

860 South Madison Street
Tupelo, MS 38801
Phone: 662-377-7150
Fax: 662-377-3804

Amory Pulmonary Consultants

1107 Earl Frye Blvd Suite 4
Amory, MS 38821
Phone: 662-305-8657
Fax: 662-305-8656

Starkville Pulmonary Clinic

1207 Hwy 182 West, Suite E
Starkville, MS 39759
Phone: 662-465-2126
Fax: 662-465-2127

Patient name: _____

Date of birth: _____

Social Security Number: _____

Address: _____

Contact number: _____

Patient's Insurance: _____ ID# _____

Secondary insurance: _____ ID# _____

Tricare or VA (please specify) referral authorization number (appointment will not be made until we have authorization number): _____

OUR OFFICE DOES ACCEPT HUMANA MEDICARE ADVANTAGE- (OUT-OF-NETWORK)

Referring provider: _____ NPI# _____

Address: _____

Clinic phone: _____ Fax: _____

Type of referral: Pulmonary _____

Sleep _____

Both _____

Lung nodule clinic _____ (Tupelo and Starkville locations)

If referral is for sleep only and the patient is experiencing **ANY pulmonary issues at all, please select **both** so we can ensure the patient is scheduled accordingly**

Diagnosis or reason for referral: _____

CT or CXR? _____ Date of exam: _____

PATIENT MUST BRING COPY OF CT/CXR ON DISC

****PLEASE ATTACH MEDICAL RECORDS, COPY OF CT/CXR REPORT AND OFFICE NOTES. NO APPT WILL BE SCHEDULED UNTIL RECEIVE REQUESTED INFORMATION.**

Scheduled Appointment Information

Appointment date: _____ Time: _____ Provider: _____

Please arrive 30 minutes early for appointment.

Completed by: _____ Date: _____