



# NORTH MISSISSIPPI HEALTH SERVICES

## Lung Nodule Clinic

**Tupelo Pulmonary Consultants**

860 South Madison  
Street Tupelo, MS 38801  
Phone: 662-377-7263  
Fax: 662-377-3804

**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: \_\_\_\_\_

### Lung Nodule/Diagnosis:

- R91.8 Nonspecific abnormal finding of lung field
- R91.1 Solitary Pulmonary Nodule
- Other Diagnosis: \_\_\_\_\_
- Tobacco Cessation Counseling

Pertinent Information: \_\_\_\_\_

Current/Former Smoker: \_\_\_\_\_

### **Type Image Lung Nodule was found on:**

- CT scan Date: \_\_\_\_\_
- Chest x-ray Date: \_\_\_\_\_
- MRI Date: \_\_\_\_\_
- Incidental Date: \_\_\_\_\_

**\*\* PATIENT MUST BRING COPY OF CT/CXR/MRI ON DISC \*\***

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

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### Scheduled Appointment Information

Appointment date: \_\_\_\_\_ Time: \_\_\_\_\_ Provider: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_