

# Pulmonology: Moore Regional Hospital-Hoke Campus

If scheduling by fax, please fax form to Central Scheduling at **(910) 715-1177**. Scheduling will contact the patient. If making appointment by phone, please call **(910) 715-2778** or **(866) 415-2778** toll-free.

CPT Code *(please select test number)*

Complete PFT (Pulmonary Function Test)	<input type="checkbox"/> 94726	CO Diffusing Capacity	<input type="checkbox"/> 94729
PFT Before & After Bronchodilator	<input type="checkbox"/> 94060	PFT Flow Volume Loop	<input type="checkbox"/> 94375
PFT Spirometry	<input type="checkbox"/> 94010		

Please complete the referral/order below. Your patient will be contacted to schedule the test.

Dx Code \_\_\_\_\_

Patient Name \_\_\_\_\_

Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Physician \_\_\_\_\_

Physician Phone \_\_\_\_\_ Physician Fax \_\_\_\_\_

## PROVIDER INFORMATION

Physician (printed) \_\_\_\_\_

Physician Signature \_\_\_\_\_

## INSURANCE INFORMATION

Type of Insurance \_\_\_\_\_

Authorization # \_\_\_\_\_

(if Medicaid, Tricare or VA, must show authorization #)

1st Insurance \_\_\_\_\_

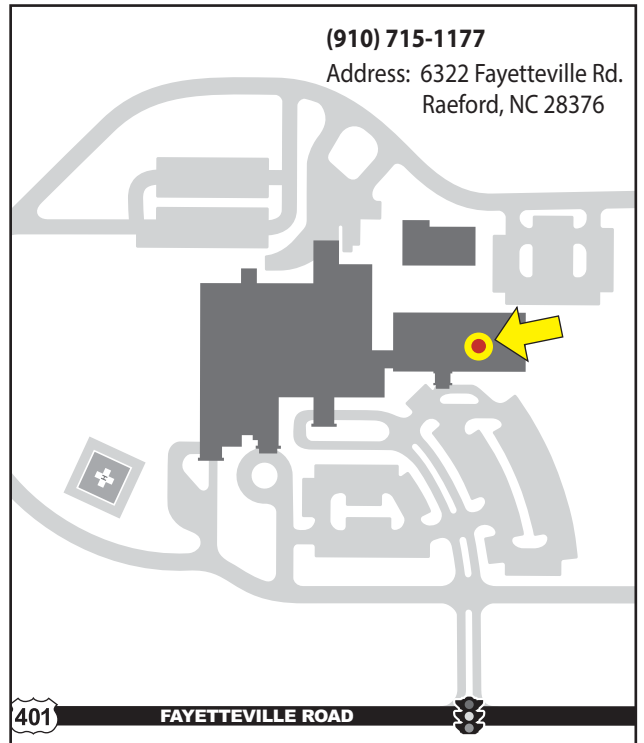
Group # \_\_\_\_\_

Subscriber Name \_\_\_\_\_

Birth Date (MM/DD/YYYY) \_\_\_\_\_

2nd Insurance \_\_\_\_\_

Group # \_\_\_\_\_



**FirstHealth**  
MOORE REGIONAL HOSPITAL

HOKE CAMPUS

6322 Fayetteville Road • Raeford, NC 28376

**FirstHealth.org**

**EPIC: REF3045000**

26-55-0120

Find these forms online at  
**FirstHealth.org/Referral**