

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.

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 _____

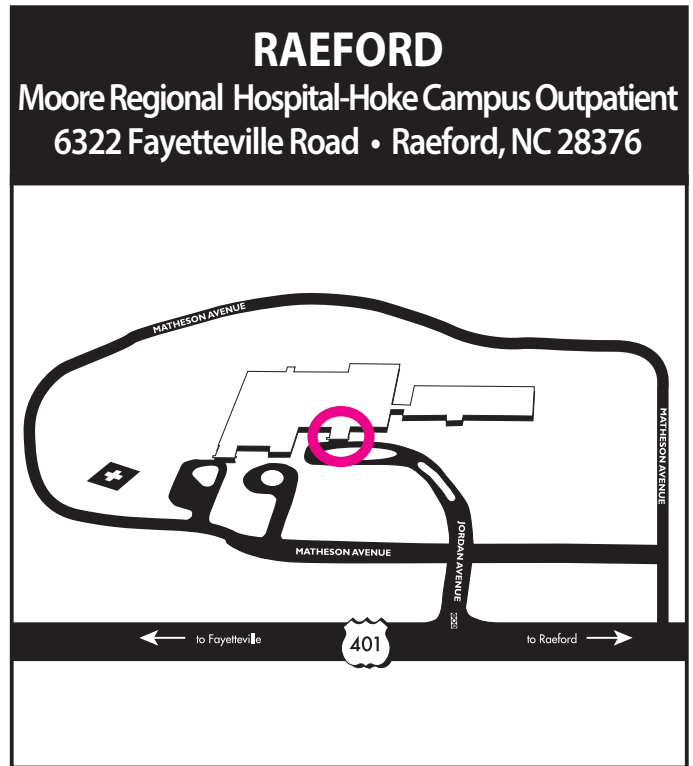
Group # _____

Subscriber Name _____

Birth Date (MM/DD/YYYY) _____

2nd Insurance _____

Group # _____



FirstHealth
MOORE REGIONAL HOSPITAL

HOKE CAMPUS

6322 Fayetteville Road • Raeford, NC 28376

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