

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 _____

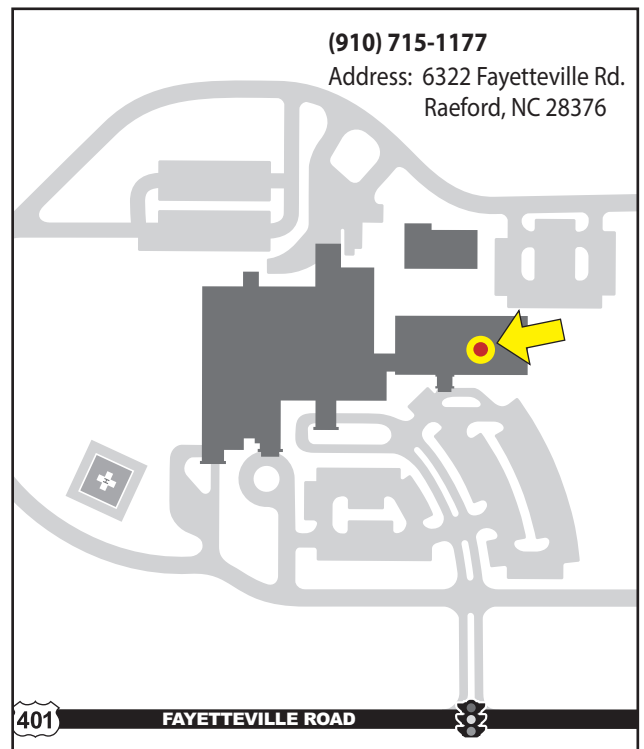
Group # _____

Subscriber Name _____

Birth Date (MM/DD/YYYY) _____

2nd Insurance _____

Group # _____



FirstHealth
MOORE REGIONAL HOSPITAL

HOKE CAMPUS

6322 Fayetteville Road • Raeford, NC 28376

www.firsthealth.org

EPIC: REF3045000

Find these forms online at
www.firsthealth.org/referral