

# PULMONOLOGY



**Charleston Area  
Medical Center**

 **Vandalia Health**

3100 MacCorkle Ave. SE, Suite 205  
Charleston, WV 25304

Phone: 304-388-2303 | Fax: 304-388-2390

1401 Hospital Drive, Suite 304  
Hurricane, WV 25526

Phone: 304-351-1561 | Fax: 304-757-1862

176 Dawkins Drive, Suite B  
Lewisburg, WV 24901

Phone: 304-793-3530 | Fax: 304-793-4568

## DEMOGRAPHICS

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Primary Insurance: \_\_\_\_\_

**PLEASE ATTACH COPY OF FRONT AND BACK OF INSURANCE CARD**

## REFERRING PHYSICIAN INFORMATION

Physician Name: \_\_\_\_\_ NPI: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**REASON FOR REFERRAL:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

☐ Records attached (*pertaining to reason appointment needed-labs, notes, imaging reports*)

☐ Information in Cerner (*no need to send records-can send referral internal*)

## APPOINTMENT INFORMATION

Appointment Date/Time: \_\_\_\_\_ with: \_\_\_\_\_

*Please notify patient of appointment date/time.*