

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

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.