



Charlotte Lung and Health Center

1918 Randolph Road, Suite 440 Charlotte, NC 28207
Phone 704/342-8143 Fax 704/926-8068

NEW CONSULT

DATE _____

NAME _____

ADDRESS _____

PHONE H _____ W _____ C _____

DATE OF BIRTH _____ SOC SEC# _____

INSURANCE _____

AUTHORIZATION _____

REFERRING DR. _____ NPI# _____

ADDRESS _____

PHONE _____ FAX _____ CONTACT _____

DIAGNOSES _____

LAST PFT _____ CXR _____

PLEASE RATE URGENCY:

<i>10 Immediate Appointment</i>	<i>5-up Appt. in 1 week</i>	<i>Below 5 Appt. in 2-4 weeks</i>
PCP DR. _____	_____	PHONE _____

ADDRESS _____	FAX _____
---------------	-----------

INFO TAKEN BY _____	DATE _____
---------------------	------------

Prior to appoint date; please send if available:

- ❖ Last 2 dictations
- ❖ Previous LABS, CXR CT SCANS, MRI, IMAGING, ETC
- ❖ Recent HOSPITAL, H&P, DISCHARGE, SUMMARY, ETC