Pulmonary Division
1222 Medical Center Drive
Wilmington, NC 28401
Phone: 910-341-3458
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Dr. Kevin O'Neil
Dr. Mitchell Lee
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PATIENT REFERRAL FORM

****REFERRAL FORM MUST BE FILLED OUT COMPLETELY AND FAXED TO 910-341-1900 BEFORE ANY APPOINTMENT CAN BE MADE****

Patient Name:_____ DOB:_____/_____/_____

SS #:_____-_____-_____ Phone#: (H)_____(Work/Cell)_____

Address:_____

Referring MD:_____ Phone #:_____ Fax #:_____

Address:_____ NPI:_____

Patient's PCP:_____ Phone #:_____

Insurance Co: Primary:_____ Secondary:_____

Authorization Required: Yes No Authorization #:_____Contact #_____

ID #:_____ Group #:_____

Subscriber's Name:_____ Employers Name:_____

REASON FOR REFERRAL: _____

REQUIRED: Copy of insurance cards, office notes, X-Ray, MRI, or CT scan reports.
******PATIENT MUST BRING MEDICATION LIST ALONG WITH ALL XRAY, CT OR MRI FILMS TO THEIR APPOINTMENT******

PLEASE INSTRUCT PATIENTS TO ARRIVE 30 MINUTES PRIOR TO THEIR APPOINTMENT TIME. IF PATIENTS ARE LATE THEY MAY BE ASKED TO RESCHEDULE.

Any questions please call 910-341-3458. Thank you for allowing Wilmington Health to serve your healthcare needs.