



# TEXAS PULMONARY & CRITICAL CARE CONSULTANTS, P.A.

## PATIENT REFERRAL

Date: \_\_\_\_\_

Reason for Consultation: \_\_\_\_\_

Other Diagnoses: \_\_\_\_\_

**Please check physician to whom the patient is being referred below:**

*Return by fax to the location's fax number along with recent office notes, CXR/CT reports, labs and patient's insurance card(s). If patient has had CXR/CT, please have patient bring CD.*

- Joseph Austin, Jr., M.D., FCCP
- Jack G. Gilbey, Jr., M.D., FCCP
- Luis F. Guerra, M.D., FCCP
- Edward W. Mims, M.D.
- David H. Plump, M.D., FCCP
- Tony H. Su, M.D., FCCP
- First Available This Location**

911C Medical Centre Drive  
Arlington, Texas 76012  
(817) 461-0201 (Metro)  
(817) 861-3365 Fax

- Phan Nguyen, M.D.
- 601 Omega Drive, Suite 206  
Arlington, Texas 76014  
(817) 465-5881  
(817) 465-6336 Fax

- John R. Burk, M.D., FACP
- Roger Gleason, M.D., FCCP
- John W. Hollingsworth, II, M.D., FCCP
- Stuart D. McDonald, M.D., FCCP
- Obinna I. Okoye, M.D., MPH, FCCP
- John T. Pender, Jr., M.D., FCCP
- Ramesh Subedi, M.D.
- First Available This Location**

1201 Fairmount Avenue  
Fort Worth, Texas 76104  
(817) 335-5288  
(817) 338-0927 Fax

- Kevin G. Connelly, M.D., FCCP
- Huy X. Duong, D.O., FCCP
- Kerim F. Razack, M.D., FCCP
- First Available This Location**

6100 Harris Parkway, Suite 285  
Fort Worth, Texas 76132  
(817) 263-5864  
(817) 263-3791 Fax

- John L. Tiu, M.D., FCCP
- 2800 E. Broad Street, Suite 408  
Mansfield, Texas 76063  
(817) 617-4225  
(817) 394-3994 Fax

- R. L. "Lin" Cash, Jr., M.D., FCCP
- James T. Siminski, M.D., FCCP
- Donald L. Washington, Jr., M.D.
- First Available This Location**

2000 Precinct Line Road, Suite 101  
Hurst, Texas 76054  
(817) 284-4343  
(817) 590-4393 Fax

**Patient:**

Last Name: \_\_\_\_\_ First Name/Middle Initial: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 SS#: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Email Address: \_\_\_\_\_  
 Employer: \_\_\_\_\_  
 Employer Phone: \_\_\_\_\_

**Referring Doctor:** \_\_\_\_\_ Contact: \_\_\_\_\_

NPI: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Would you like us to contact you or the patient with appointment information?** \_\_\_\_\_

**Primary Care Physician:** \_\_\_\_\_

NPI: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**PRIMARY INSURANCE POLICY:**

Insurance Co. \_\_\_\_\_ ID No. \_\_\_\_\_ Group No. \_\_\_\_\_  
 Name of Insured \_\_\_\_\_ Relationship to patient \_\_\_\_\_  
 Insured's DOB \_\_\_\_\_ SSN \_\_\_\_\_ Sex \_\_\_\_\_  
 Claims Mailing Address \_\_\_\_\_  
 \_\_\_\_\_ Phone No. \_\_\_\_\_

**SECONDARY INSURANCE POLICY:**

Insurance Co. \_\_\_\_\_ ID No. \_\_\_\_\_ Group No. \_\_\_\_\_  
 Name of Insured \_\_\_\_\_ Relationship to patient \_\_\_\_\_  
 Insured's DOB \_\_\_\_\_ SSN \_\_\_\_\_ Sex \_\_\_\_\_  
 Claims Mailing Address \_\_\_\_\_  
 \_\_\_\_\_ Phone No. \_\_\_\_\_

Signature of Ordering Physician

Date

For office use only:

Appointment date/time: \_\_\_\_\_ With: \_\_\_\_\_ Scheduled by: \_\_\_\_\_  
 Pt contacted: \_\_\_\_\_ Dr. office contacted: \_\_\_\_\_ Pprwk mailed: \_\_\_\_\_  
 Pt to arrive @ \_\_\_\_\_ CPFT @ \_\_\_\_\_  Requested CD from: \_\_\_\_\_