



CULLMAN
REGIONAL

Darryle Bullard, MD — Pulmonology
Glenda Cole, CRNP
1948 AL Hwy 157, POB 1, Suite 330A
Cullman, AL 35058
Phone: (256) 735-5175 FAX: (256) 417-4269

PULMONOLOGY REFERRAL FORM

Patient's Name: _____

DOB: _____ Phone#: _____ Cell#: _____

Height: _____ Weight: _____

Address: _____

Insurance Carrier: _____

Policy #: _____

Referral authorization # if required _____

Please include clinical documentation such as imaging, lab work, clinic notes, if available.

REASON FOR REFERRAL

Alpha-1 Antitrypsin (AAT) deficiency	Diseases of the Pleura	Lung cancer
Asthma	Pleural effusions	Lung masses
Bronchiectasis	Mesothelioma	Occupational lung disease
Chest pain	Asbestosis	Pulmonary fibrosis
Chronic bronchitis	Aspergillosis	Pulmonary function testing
Chronic cough	Pulmonary embolism	Pulmonary hypertension
Chronic respiratory failure	Emphysema	Pulmonary nodules
COPD	Hypersensitivity pneumonitis	Recurrent pneumonia
Cystic fibrosis	Interstitial lung disease	Sarcoidosis
Dyspnea	Idiopathic pulmonary fibrosis (IPF)	Other:

ORDERING PROVIDER

Physician: _____

Phone #: _____ Fax #: _____

Physician Signature: _____

Appointment Date/Time: _____ Patient notified on: _____

Physician offices will be notified when appointments are scheduled and notification is confirmed for all diagnostic procedures

Phone: (256) 735-5175

Fax: (256) 417-4269