

# OCHILTREE GENERAL HOSPITAL

**Pulmonary Rehabilitation & Diagnostic Center**

**3101 Garrett Drive**

**Perryton, Texas 79070**

➤ **Phone:** (806) 648-7142

➤ **FAX:** (806) 648-7154

## PATIENT REFERRAL FORM

<b>Name:</b> _____	<b>DOB:</b> ___/___/___	
<b>Address:</b> _____		
<b>City:</b> _____	<b>State:</b> ___	<b>ZIP CODE:</b> _____
<b>Phone:</b> ( _____ ) _____		
<b>ICD10 Diagnosis Code(s):</b> _____ / _____ / _____		

- Please enroll the above referenced patient in the Respiratory Care & Pulmonary Rehabilitation Program.
- I understand that certain diagnostic tests may be required prior to enrollment of my patient, if not provided (*i.e. Pulmonary Function Tests, Pulmonary Stress Test / 6 Minute Walk Test, & Electrocardiogram*).
- Attached are the most recent physician office visit notes, diagnostic tests and patient insurance information for your use (*include copy of front and back of the patient's insurance card if available*).

Referring Physician Name: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**PLEASE FAX TO (806) 648-7154**

(12/2024)