



Tri-State
 Memorial Hospital &
 Medical Campus

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REFERRAL FORM
TRI-STATE PULMONOLOGY
 Keith J. Popovich, MD

TRI-STATE PULMONOLOGY

PATIENT INFORMATION

PATIENT NAME:	DOB:
MAILING ADDRESS:	CITY:
STATE/ZIP CODE:	SOCIAL SECURITY #:
PHONE #:	ALTERNATIVE PHONE #:

INSURANCE INFORMATION

PRIMARY INSURANCE:	
POLICY/ID #:	GROUP #:
SECONDARY INSURANCE:	
POLICY/ID #:	GROUP #:

REASON FOR REFERRAL (please give a brief description of symptoms/history): _____

SPECIFIC REQUESTS (if applicable): _____

REFERRING PROVIDER (print name): _____

PLEASE INCLUDE THE FOLLOWING (as available

- Chest x-rays, CT scans, or imaging related to referral
- Recent labs (specifically CMP, CBC, ABG):
- Pulmonary function test (PFT), echocardiogram, sleep studies, pulse oximetry, holter monitor, exercise testing, or cardiac cath reports
- Previous records for pulmonology (all records), sleep (all records), cardiology (three most recent), and oncology (three most recent)
- Office notes pertaining to referred problem (to include at least the three most recent)
- Medication list
- Allergies and intolerances
- Demographic sheet

In order to process your referral, please complete the entire form and fax the completed form, with the above listed documents, to 509.758.9199. If you have any questions, please contact Bonnie Rice, referral coordinator, at 509.758.5511 ext. 5759 or Tri-State Pulmonology at 509.769.2201.

Thank you for your referral!