

Cardiopulmonary Rehab Services 1855 South Main St., Suite B Goshen, IN 46526 Office 574-364-2587 Fax 574-364-2531

Patient Name		Ordering Physician Signature	
Date of Birth	Social Security	Ordering Physician	
Address			
City	StateZip	Primary Care Physician	
Telephone #		Send Copy To	
		Fax Results To	
Primary Insurance			
Primary Policy #	Group #	Diagnosis #1	_ICD-10 Code
		Diagnosis #2	_ICD-10 Code
Secondary Insurance		Diagnosis #3	_ICD-10 Code
Secondary Policy #	Group #	Diagnosis #4	_ICD-10 Code

Tobacco Education Referral Form

Date of referral:	
☐ Tobacco Cess	ation Education
•	1 to 4 education appointments as needed One-on-one education provided by certified Tobacco Treatment Specialist
☐ Other:	

PLEASE FAX COMPLETED FORM TO 574-364-2531