Onslow Medical Specialties Clinic –Lung & Sleep Disorders Clinic
Eusebio Desuyo, MD, MBA, MPH
123 Pompano Place, Suite 100
Jacksonville, NC 28546
Phone 910-455-9398
Fax: 910-455-5407
www.omsclinic.net

Pulmonary/ Sleep Disorders Clinic Referral

Patient: _______________________________________SS# _______________
DOB: ____________ Height: ______(feet/inches)Weight :____________(lbs)
Address: _________________________City/State_____________ Zip:______
Home Phone:_____________________ Work/ Cellphone:________________

We will need fax copies of patient's health insurance card (front & back), Driver's License/State ID, and History & Physical Notes/Progress Notes/ Medications list.

Referring Physician: _________________________________NPI#:______
Referring Physician's Address:______________________________________
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Phone & Fax _______________________________________

Reasons for Pulmonary/ Sleep Disorders Clinic Referral:

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I authorize Onslow Medical Specialties Clinic – Lung & Sleep Disorders Clinic to see above patient for further evaluation and treatment, as a medical necessity.

Referring Physician Signature:____________________ **Date**:___________