155 School Street, Suite 260 • Tomball, Texas • 77375
Phone: 346-980-0110 • Fax: 346-980-0111 • Email: contact@premierlungandsleepinstitute.com

PHYSICIAN REFERRAL FORM

Referral Type and Specialist	
☐ Pulmonary referral to Dr. Amanbir Sohal	☐ Sleep referral to Dr. Harneet K. Singh

Patient Information	
Patient Name:	DOB:
Phone:	Sex: ☐ M ☐ F ☐ Other
Address:	

Referring Provider Information	
Practice Name:	
Referring Provider:	NPI:
Phone:	Fax:
Address:	
Contact Person/Email:	

Reason for Referral / Clinical Question (attach supporting notes if needed)

_____

Scheduling & Urgency

Contact patient directly: ☐ Yes ☐ No

Urgency: ☐ Routine (2–4 weeks) ☐ Urgent (1-2 weeks) ☐ STAT (<1 week)

Attachments:

☐ Office notes / H&P
☐ Medication list
☐ Prior imaging/labs
☐ Prior PFTs/sleep studies
☐ Insurance card

Signature (Referring Provider): _____ Date: ___/____/_____