

Smoking History & Employer Information

PulmoCrit Associates • (844) 428-5864 • pulmocrit.com

Smoking Questions

Smoking Status — circle which applies:

Current	Former	Never
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Frequency:

How many per day:

Start Date:

End Date:

Employer Information

Name of Employer:

Phone Number:

Address:

PulmoCrit Associates Fees

Service	Fee
Disability Forms	\$50.00
MD Excuse Note	\$25.00
Medical Records	\$50.00

Notice: The Open Payments database is a federal tool used to search payments made by drug and device companies to physicians and teaching hospitals. It can be found at openpaymentsdata.cms.gov.

Patient Signature:

Date: