



PHYSICIAN REFERRAL LIST

ENROLLMENT FORM

NTM Info & Research maintains an online Physician Referral List, containing the names and contact information for health care professionals around the world who specialize in the treatment of NTM lung disease.

The criteria HCPs must meet in order to be on this list are:

1. Adherence to the ATS/IDSA Statement treatment principles or equivalent guidelines.
2. Ongoing active medical practice accepting new patients.
3. Licensure by the appropriate governing body to practice medicine.

Complete this form and return via fax to 305-662-8035 or via email to ntmmail@ntminfo.org. By submitting this form, you certify that you meet the criteria established above.

**denotes required field; your name cannot be added to the Physician Referral List without this information.*

*Physician(s) Name(s) _____

Institution/Practice Name _____

*Street Address _____

Suite/Unit _____

*City _____ *State/Province _____

*Zip/Postal Code _____ *Phone Number _____

*Email Address _____

(will not be displayed on public list)

*Areas of Practice (check all that apply):

Pulmonary

Infectious Disease

Critical Care

Internal Medicine

Other: _____