



25 Jacobs Gulch, Kellogg, Idaho, 83837 \* 208-784-1221

# Pulmonary Function Order Form

Version No.: 1

FAX 208-786-8400

## Shoshone Medical Center-Cardiopulmonary Services

Patient's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

### \*STUDIES REQUESTED (CPT codes):

- Spirometry (94010)
- Spirometry plus Bronchodilator challenge (94060)
- Respiratory Mechanics: MIP/MEP, MVV (94799, 94200)
- DLCO (94729)
- FULL PULMONARY FUNCTION TESTING-including DLCO & Lung Volumes via N2 Washout (94060, 94729, 94727)

### Please check reason for test:

- |   |   |
|---|---|
| <input type="checkbox"/> Asthma                   | <input type="checkbox"/> Dyspnea                |
| <input type="checkbox"/> Chronic Bronchitis       | <input type="checkbox"/> Cough                  |
| <input type="checkbox"/> COPD/Emphysema           | <input type="checkbox"/> Wheezing               |
| <input type="checkbox"/> Upper Airway Obstruction | <input type="checkbox"/> Chest pain             |
| <input type="checkbox"/> Sarcoidosis              | <input type="checkbox"/> Abnormal chest x-ray   |
| <input type="checkbox"/> Pulmonary Fibrosis       | <input type="checkbox"/> Lung cancer            |
| <input type="checkbox"/> Pulmonary Hypertension   | <input type="checkbox"/> Neuromuscular Disorder |
| <input type="checkbox"/> Respiratory Failure      | <input type="checkbox"/> Other (specify): _____ |

- Pre-operative (specify date & procedure): \_\_\_\_\_
- Exposure to drug or toxic substance (specify): \_\_\_\_\_
- Baseline before beginning or changing drug therapy: drug name \_\_\_\_\_
- Occupational screening

### PRECAUTIONS:

patient may have active TUBERCULOSIS, VRE, MRSA or other infectious disease  None

### URGENCY:

Routine  Urgent

### ORDERING PHYSICIAN:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*All studies require scheduling

#### Confidentiality Notice

The documents accompanying this facsimile transmission are for the sole use of the intended recipient(s). If you are not the intended recipient, please contact the sender immediately to arrange for disposition of the original document.