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

Pulmonary Function Order Form

Version No.: 3

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:

__ Asthma
__Chronic Bronchitis
__COPD/Emphysema
__Upper Airway Obstruction
__Sarcoidosis
__Pulmonary Fibrosis
__Pulmonary Hypertension
__Respiratory Failure
__Dyspnea
__Cough
__Wheezing
__Chest pain
__Abnormal chest x-ray
__Lung cancer
__Neuromuscular Disorder
__Other (specify):__________

☐**Prior Authorization done #**________________________________ ☐ **Prior Authorization is not needed**

ORDERING PHYSICIAN:

Name: ______________________________________ Phone: ______________ Fax: _____________

Signature: ____________________________________ Date: __________________________________

***Prior Authorizations checks must be done by ordering facility for ALL procedures**

All studies require scheduling

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