



PULMONARY CARE SERVICE
18111 Brookhurst St. Suite 2200
Fountain Valley, Ca. 92708

LAB REQUEST FORM

For appointments, please call Scheduling Dept.

Phone: 714-378-7572

Please fax order to Scheduling Dept.

Fax: 714-378-5018

Patient Name: _____

Patient DOB: _____

Patient Contact #: _____

Ordering Dr.: _____

Dr. Phone #: _____

Diagnostic: _____

Authorization#: _____

- 94060 – Pulse Oximetry Single
- 94010 – Spirometry
- 94060 – Spirometry Pre and Post
(Albuterol 2.5mg to be given)
- 94726/94727/94750 – Plethysmography/Lung Volume
- 94729/94720 – Diffusing Lung Co DLCO
- 36600 - Arterial Blood Gas
- 94620 – Pulmonary Stress Test Simple (6min. walk)

Physician Signature: _____ **Date:** _____