

**Pulmonary
Services Requisition**

Patient Name:	M	F	Date of Birth (REQUIRED):	Phone #:
Print Ordering Physician Name:				
PHYSICIAN SIGNATURE (REQUIRED):				Date (REQUIRED):
Ordering Physician Phone:			Ordering Physician Fax:	
Referring Physician Name: For result reporting			Referring Physician Fax:	
DIAGNOSIS (REQUIRED):				

PULMONARY SERVICES

- Complete PFT** – 94060/94726/94729/94760
- Partial PFT (check maneuvers below)**
- Spirometry - 94010
- Spirometry Pre and Post (Albuterol 2.5 mg to be given) - 94060
- Plethysmography/Lung Volume – 94726/94727/94750
- Diffusing Lung CO/ DLCO - 94729/94720
- Pulse Oximetry Single - 94760
- Arterial Blood gas - 36600
- Pulmonary Stress Test Simple (6min. walk) - 94620
- Sputum Induction - 94640

FAX orders/authorizations: (714) 378-5018

For appointments, please call: (714) 378-7572

PULMONARY REHABILITATION

- Pulmonary Rehab** – 94625/94626

Fax orders/authorizations to: (714) 378-7487

Arterial Blood Gas

WALK IN

Hours: 8:00 – 4:00

Please register on the 1st floor with Admitting. After registration, you will be directed 2nd floor, Suite 2200