

Pulmonary Lab Request Form

For appointments call Pulmonary Lab at: (949) 452-3611
Fax the front of this form to: (949) 452-3492

Patient Name: _____ **Date of Birth:** _____

Phone: _____ **Appointment Date:** _____ **Time:** _____

Please report to the main Admitting Department 30 minutes before the above scheduled time to submit your address and insurance information.

BRING THIS SHEET WITH YOU TO YOUR APPOINTMENT.

PHYSICIAN OFFICE USE

Ordering Physician: _____ **Phone:** _____ **FAX:** _____

Diagnosis: _____

Reason for Testing: _____

Physician Signature: _____ **M.D. Date:** _____ **Time:** _____

PHYSICIAN'S ORDERS - PHYSICIAN SIGNATURE REQUIRED FOR TEST TO BE COMPLETED

- | | |
|--|---|
| <input type="checkbox"/> ABG's Only (20 Min) CPT 82803 | <input type="checkbox"/> Pre & Post Screen with DLCO & SpHb (90 Min) CPT 94060
Albuterol 5 mg to be given (Screen patients at risk for pulmonary disease, assess therapeutic therapy and shows changes caused by cardiac disease) 94729 & 88738 |
| <input type="checkbox"/> Pulse Oximetry Spot Check (20 Min) CPT 94760 | <input type="checkbox"/> Sputum Induction (30 Min) CPT 94729
Hypertonic Saline 3% to be given |
| <input type="checkbox"/> Exercise Desaturation Study (30 Min) CPT 94761
(To determine low saturation with exercise) | <input type="checkbox"/> Incentive Spirometer, Acapella or Flutter Valve Instruction (30 Min) CPT 94667 |
| <input type="checkbox"/> Overnight Desaturation Study (30 Min) CPT 94762
(Screens for sleep apnea & drops in O2 saturation or heart rate) | <input type="checkbox"/> Complete Pulmonary Function Test with SpHb (NO ABG) (105 min) CPT 94060, 94729, 94727, 94726 & 88738
Albuterol 5 mg to be given (Includes DLCO, MVV, Pre & Post Screen Lung Volumes, Airway Resistance & SpHb) |
| <input type="checkbox"/> Pre & Post Screen (45 Min) CPT94060
Albuterol 5 mg to be given (Screen patients at risk for pulmonary disease and to assess therapeutic therapy) | <input type="checkbox"/> Inhaler evaluation & education including inhaler treatment (30 Min) CPT 94640, 94664
<input type="checkbox"/> Second Inhaler Education |
| <input type="checkbox"/> Pre & Post Screen With Plethymography (90 min) CPT 94060 & 94726
Albuterol 5 mg to be given (Screen patients at risk for pulmonary disease, assess therapeutic therapy and to measure airway resistance (helpful in the diagnosis of asthma)) | <input type="checkbox"/> Exercise Challenge Test with Spirometry and MVV (150 Min) CPT 94621 |
| <input type="checkbox"/> Pre Op Upper Abdominal/Thoracic Surgery Protocol (60 Min) CPT 94060, 94761 & 82803
Albuterol 5 mg to be given (Includes Pre & Post Screen, ABG and Incentive Spirometer instruct, Exercise Desaturation Study, Frailty Test) | <input type="checkbox"/> HAST without O2 (45 Min) CPT 94452
(Testing with pulse oximeter. If ABG requested, please order with HAST exam) |
| <input type="checkbox"/> DLCO & SpHb (45 Min) CPT 94729 & 88738
(Shows lungs ability to transfer oxygen into the capillary and associate with red blood cell) | <input type="checkbox"/> HAST with O2 (45 Min) CPT 94453
(Testing with pulse oximeter. If ABG requested, please order with HAST exam) |
| <input type="checkbox"/> Complete Pulmonary Function Test (120 Min) CPT 94060, 94729, 94727, 94726 & 82803
Albuterol 5 mg to be given (Includes DLCO, MVV, Pre & Post Screen, Lung Volumes, Airway Resistance & ABG's) | <input type="checkbox"/> Other: _____ |

Special Instructions:

- Fax STAT Report to – Fax # _____
- Call STAT Report to – Phone # _____
- Send additional Report to following MD: _____

Admitting Instructions:

ALL PATIENTS MUST HAVE WRITTEN ORDER ON FILE IN RESPIRATORY SERVICES FOR TEST TO BE SCHEDULED.

DOCTORS OFFICE – PLEASE FAX ORDER AND INSURANCE VERIFICATION TO (949) 452-3492.