National Jewish Health®
Science Transforming Life®

PULMONARY PHYSIOLOGY
REQUEST FORM
for Physicians Outside NJH

For Questions please contact:
Pulmonary Physiology
1400 Jackson, Denver 80206
303-398-1530

PLEASE FAX A DEMOGRAPHIC FACE SHEET ALONG WITH THIS FORM.

Fax all Forms to: 303-398-1607

Ordering Physician: **Signature:**

Contact Name/Phone: **Fax:**

Patient Name: **DOB:**

Home Phone: **Cell / Work Phone:**

Diagnosis:

Infection Risk ☐ **Yes** ☐ **No** **DATE FAXED TO NJH**_____

OUTSIDE REFERRING DOCTORS **FAX: 303-398-1607** **PHONE: 303-398-1530**

PULMONARY FUNCTION TESTS

☐ COMPLETE PFT
Consists of Pre & Post Spirometry, lung volume, airways resistance & DLCO. DLCO will only be done if age > 18 years.
○ Pre ○ Post*

☐ PRESSURE VOLUME CURVE*
Consists of Pre PV, Pre & Post lung volumes, Spirometry unless otherwise noted. Does not include a DLCO

☐ FORCED OSCILLATION (IOS)
Consists of Pre & Post unless otherwise noted.
○ Pre ○ Post*

☐ PI/PE MAX ☐ DLCO &Spirometry

☐ SPIROMETRY - Pre only unless otherwise noted
○ Pre ○ Post*

☐ Nitrogen Washout +SVC
Consists of Pre only unless otherwise noted.
○ Pre ○ Post*

☐ EXHALED NITRIC OXIDE

GAS EXCHANGE

☐ ARTERIAL BLOOD GAS
○ Room Air O2: _____

☐ WALKING PULSE OXIMETRY
○ Room Air O2: _____
○ Oxygen Titration to O2 Sat > 90%

☐ PULSE OXIMETRY (Single Evaluation)

☐ SHUNT STUDY

☐ Hypercapnic Response ☐ Hypoxic Response

LARYNGOSCOPY

☐ Laryngoscopy
Preferred Performing MD_____

PULMONARY EXERCISE

Patient must be evaluated prior to testing by ordering physician

☐ EXERCISE TOLERANCE*
Consists of VO2, VCO2, VD/VT & VE. Will be done Max only with an A-line unless otherwise noted.
○ A-line ○ No A-line
○ Max ○ Steady State
○ IC Trend

☐ EIB - EXERCISE INDUCED BRONCHOCONSTRICTION
○ Cold Air
○ Pre-Treatment Rx:*
○ Laryngoscopy
Preferred Performing MD for Lary: _____

☐ FORMAL EXERCISE FOR DESATURATION*
Consists of Pulse oximetry on Treadmill
○ Walk on Room Air
○ O2 Titration to O2 Sat. > 90%
○ ABG's at Rest & Exercise with A-line
○ 12-Lead EKG

☐ METHACHOLINE CHALLENGE*
Consists of Spirometry only, unless otherwise noted.
○ Lung Volumes and Airway Resistance(PC 40)
○ Laryngoscopy
Preferred Performing MD for Lary:

☐ MANNITOL CHALLENGE*
Consists of Spirometry only
○ Laryngoscopy
Performing MD

☐ IRRITANT CHALLENGE*
○ Perfume ○ Ammonia
○ Smoke ○ Other - Specify:

☐ ALLERGEN CHALLENGE*
○ Latex
○ Other - Please specify _____
Preferred Performing MD for Lary:

MD Comments:

*Albuterol 360mcg MDI or 2.5mg Neb, unless otherwise ordered.

*Xopenex 1.25mg or Xopenex 0.63mg Neb, unless otherwise ordered.