

**PULMONARY PHYSIOLOGY
REQUEST FORM
for Physicians Outside NJH**

Date: _____ Time: _____

Ordering Physician: _____		Signature: _____	
Ordering Physician ID#: _____	Contact Name/Phone: _____	Fax: _____	
Patient Name: _____		DOB: _____	
Home Phone: _____	Cell / Work Phone: _____		
Insurance Provider: _____	Authorization #: _____		
Diagnosis: _____	ICD-9 Code: _____		
Symptoms: _____			
Reason for exam: _____			
Infection Risk:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

PULMONARY FUNCTION TESTS	PULMONARY EXERCISE
<input type="checkbox"/> COMPLETE PFT Consists of Pre & Post Spirometry, lung volume, airways resistance & DLCO. DLCO will only be done if age > 18 years. <input type="radio"/> Pre <input type="radio"/> Post*	Patient must be evaluated prior to testing by ordering physician <input type="checkbox"/> EXERCISE TOLERANCE* Consists of VO ₂ , VCO ₂ , VD/VT & VE. Will be done Max only with an A-line unless otherwise noted. <input type="radio"/> A-line <input type="radio"/> No A-line <input type="radio"/> Max <input type="radio"/> Steady State <input type="radio"/> IC Trend
<input type="checkbox"/> PRESSURE VOLUME CURVE* Consists of Pre PV, Pre & Post lung volumes, Spirometry unless otherwise noted. Does not include a DLCO	<input type="checkbox"/> EIB - EXERCISE INDUCED BRONCHOCONSTRICTION <input type="radio"/> Cold Air <input type="radio"/> Pre-Treatment Rx:* <input type="radio"/> Laryngoscopy Preferred Performing MD for Lary: _____
<input type="checkbox"/> FORCED OSCILLATION (IOS) Consists of Pre & Post unless otherwise noted. <input type="radio"/> Pre <input type="radio"/> Post*	<input type="checkbox"/> FORMAL EXERCISE FOR DESATURATION* Consists of Pulse oximetry on Treadmill <input type="radio"/> Walk on Room Air <input type="radio"/> O ₂ Titration to O ₂ Sat. > 90% <input type="radio"/> ABG's at Rest & Exercise with A-line <input type="radio"/> 12-Lead EKG
<input type="checkbox"/> PI/PE MAX <input type="checkbox"/> DLCO	BRONCHIAL PROVOCATION
GAS EXCHANGE	<input type="checkbox"/> METHACHOLINE CHALLENGE* Consists of Spirometry only, unless otherwise noted. <input type="radio"/> Lung Volumes and Airway Resistance (PC 40) <input type="radio"/> Laryngoscopy Preferred Performing MD for Lary: _____
<input type="checkbox"/> ARTERIAL BLOOD GAS <input type="radio"/> Room Air O ₂ : _____	<input type="checkbox"/> IRRITANT CHALLENGE* <input type="radio"/> Perfume <input type="radio"/> Ammonia <input type="radio"/> Smoke <input type="radio"/> Other - Specify: _____
<input type="checkbox"/> WALKING PULSE OXIMETRY <input type="radio"/> Room Air O ₂ : _____ <input type="radio"/> Oxygen Titration to O ₂ Sat > 90%	<input type="checkbox"/> ALLERGEN CHALLENGE* <input type="radio"/> Latex <input type="radio"/> Other - Please specify _____ Preferred Performing MD for Lary: _____
<input type="checkbox"/> PULSE OXIMETRY (Single Evaluation)	
<input type="checkbox"/> SHUNT STUDY	
<input type="checkbox"/> Hypercapnic Response <input type="checkbox"/> Hypoxic Response	
LARYNGOSCOPY	
<input type="checkbox"/> Laryngoscopy Performing MD: _____	
Special Instructions: _____	
OUTSIDE REFERRING DOCTORS FAX: 303-270-2153 PHONE: 303-398-1355	

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

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