

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: 303-270-2153

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: 303-270-2153** **PHONE: 303-398-1355**

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 - Pre only unless otherwise noted**
 Pre Post*
- HELIUM DILUTION +SVC**
Consists of Pre only unless otherwise noted.
 Pre Post*
- EXHALED NITRIC OXIDE**

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

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**

- METHACHOLINE CHALLENGE***
Consists of Spirometry only, unless otherwise noted.
 Lung Volumes and Airway Resistance (PC 40)
 Laryngoscopy
Preferred Performing MD for Lary: _____
- IRRITANT CHALLENGE***
 Perfume Ammonia
 Smoke Other - Specify: _____
- ALLERGEN CHALLENGE***
 Latex
 Other - Please specify _____
Preferred Performing MD for Lary: _____

LARYNGOSCOPY

- Laryngoscopy**
Preferred Performing MD _____

MD Comments:

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

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