Respiratory Therapy Department
Order Form

Please follow the steps below, complete this form and FAX to the Respiratory Therapy Department at 932-3499. Upon receipt we will call the patient and schedule the appointment. If you have any questions please feel free to contact us at 932-3290. Thank you.

1. Patient Name: 
2. Date Ordered: ___________________ Pt Phone ___________________
   Age _______ Sex _______ Height _______ Weight _______ Date of Birth __________________

   Physician Name (print) ___________________ Authorization # ___________________

   Please fax completed reports to phone ___________________

   Physician Signature ___________________ Insurance Plan(s) ___________________

   Clinical Diagnosis ___________________ ICD-9 & ICD-10 Code ___________________

   Any known allergies ___________________ Hemoglobin Level ____________

   AUTHORIZATION ATTACHED _______ NO PRIOR AUTHORIZATION REQUIRED _______

3. Indicate which procedure you want us to perform on the patient.
   a. _____ Full Pulmonary Function
      Includes: 94060 Bronchospasm Evaluation (Pre & Post Spirometry Flow Volume Loop)
               94729 CO2 / Membrane Diffuse Capacity
               94726 Body Plethysmography (Lung Volume)
               Medication given 2.5mg Albuterol or ___________ Yes__ No__
   b. _____ 94060 Bronchospasm Evaluation (Pre & Post Spirometry Flow Volume Loop)
   c. _____ 94727 Pulmonary Function Test by Gas (Lung Volume)
   d. _____ 94729 CO2 / Membrane Diffuse Capacity
   e. _____ 94375 Flow Volume Loop
   f. _____ 94761 6 Minutes Ambulation O2
   g. _____ 36600 Arterial Blood Gas @ Oxygen FiO2 _____________ % or
      Flow rate ___________ LPM or Room Air ___________
   h. _____ 93005 EKG

4. What should you tell the patient before you order the pulmonary function?
   a. Unless absolutely necessary, do not take any aerosolized bronchodilator at least 4 to 8 hours prior
      to the test.
   b. RT Department will call you to set up the appointment for the 90 minute test.
   c. Register at the hospital outpatient Admitting Department located in the lobby of the hospital.
   d. Bring a copy of this order form with you for outpatient registration.

Preliminary Report will be faxed to your office upon completion of test. Final Report will follow.