

PULMONARY FUNCTION LABORATORY DEPARTMENT OF RESPIRATORY CARE

(909) 558-8233 FAX (909) 558-4165

Patient Name	Medical Record Number	Patient DOB
<u>Required</u> : Reason for diagnostic test: Patient diagnosis code (ICD-10):		nosis code (ICD-10):
☐ Arterial Blood Gas Room air <i>or</i> Oxyge (CPT: 36600, 82803, 82805, 82330, 84132, 84☐ Simple Spirometry (CPT: 94010)	n (Specify: Lpm <i>or</i> 295, 82435)	Fi0 ₂)
☐ Spirometry with pre & post bronchodilator	(2.5mg Albuterol) (CPT: 94060)	
☐ Maximum Inspiratory Pressure / Maximum		CPT: 94799)
☐ Maximal Voluntary Ventilation (MVV) (CF		
☐ Body Plethysmography (Lung Volume & A	• / / /	
□ DLCO (Carbon Monoxide Diffusing Capaci		V N (CDT: 04(17)
□ Exercise Induced Asthma Study with Evalu□ High Altitude Simulation Test: answer quest		
	` -	1. 74435 01 74432)
O2 Titration Range: Obtain Arterial Blood Gas: Yes □ or No		
Simulated Elevation (Feet or City):		
□ 02 Desaturation/Exercise (Pulmonary Stress		Sp02%
□ Pulmonary Stress Test Complex (CPT: 946.□ Inhaled Methacholine/Bronchoprovocation		17674)
☐ Inhaled Pentamidine, repeat monthly x		
☐ Inhaled Pentamidine, pre-treat with bronch		
mg Albuterol) (CPT: 94642, 94640)		
☐ Sputum Induction—one time only or—repo	eat q frequency (CPT: 8922	20)
☐ 6 – Minute Walk (CPT: 94618)		
<u>Required</u> : Ordering physician name (p	lease print legibly):	
Pageinade Oudaning whereiging -i	e:	Date signed:
<u>kequirea</u> : Ordering physician signatur		
Requirea: Ordering physician signatur Please Note: Orders that are incomplete	will be sent back and will delay	patient scheduling. Thank you.

Patient Instructions for PFT Appointments:

INHALER/RESPIRATORY MEDICATION USAGE INSTRUCTIONS:

- If you are on an inhaler or nebulizer treatment that you take 1-2 times daily, we recommend avoiding using these within 24 hours of your appointment.
- If you are on a rescue inhaler or nebulizer treatment that you take every 4-6 hours or as needed, we recommend avoiding using these within 6 hours of your appointment.
- If you forget to hold your inhalers or nebulizers or could not hold them due to shortness of breath or other respiratory symptoms, we may have to reschedule your appointment.
- If you are on any inhaled or nebulized medications for pulmonary hypertension such as Tyvaso or Ventavis, please continue these medications.
- It is also recommended that you take all other non-inhaler prescribed medications as scheduled on the day of testing
- 2. **NO** smoking 6 hours before testing.
- 3. **NO** caffeine 4 hours before testing.
- 4. FASTING IS NOT REQUIRED light eating, drinking and snacks are acceptable prior to your appointment.
- 5. Please no heavy colognes or perfumes out of respect for our asthma patients. We may ask you to wait in the hallway until your appointment time if you do not adhere to this request.
- 6. If you are scheduled for an exercise study (treadmill or bike ergometer) please dress and wear appropriate closed toed athletic shoes sandals/flip flops will not be allowed.

PLEASE CALL LAB WITH ANY QUESTIONS REGARDING PRE-TESTING

INSTRUCTIONS, ETC. 909-558-8233

<u>Please arrive 30 minutes BEFORE your appointment</u> at patient check-in on the right-hand side of the Lobby Level of Main Hospital.

After check-in take MAIN elevators to the 6th floor of the Medical Center. As you exit the elevator, turn right down the hallway, the Department of Respiratory Care, room 6400 is at the end of the hall. – If after hours please ring doorbell on the right-hand side of door to enter department.

You may confirm your appointment by calling 909-558-8233 between 8:00am – 3:50pm Monday-Thursday and 8:00am – 2:50pm on Friday.