

PULMONARY FUNCTION LAB ORDERS

Patient Name: _____ DOB: _____

MRN: _____ Date of Service: _____ Physician: _____

Scheduling Phone Line: 205.996.5864 • Scheduling Fax Line: 205.801.8231

Appointment Request Date: _____ Signed order on chart: _____

FORM COMPLETED BY

Name: _____ Phone: _____ Fax: _____

DIAGNOSIS:

466	Acute Bronchitis	515	Post Inflammatory Pulmonary Fibrosis
786.7	Abnormal Chest Sounds	416.0	Primary Pulmonary Hypertension
793.1	Abnormal Chest Imaging	135	Sarcoidosis
428.0	Congestive Heart Failure	491.9	Unspecified Chronic Bronchitis
786.2	Cough	277.00	Cystic Fibrosis
496	COPD	OTHER DIAGNOSIS (Include ICD-9-CM)	
786.6	Lung Nodule/Mass		
786.05	Shortness of Breath		
786.3	Hemoptysis		
V42.6	Lung Transplant		
478.9	Other & Unspecified Diseases Upper Respiratory Tract		

DESCRIPTION OF SERVICE

<input type="checkbox"/> 94010	Spirometry (Flow-Volume Loop)	<input type="checkbox"/> 03236M	Complete Pulmonary Profile Includes: • Spirometry • D _L CO • Lung Volumes
<input type="checkbox"/> 94060	Spirometry Before & After Bronchodilator	<input type="checkbox"/> 94642	Aerosol Inhalation
<input type="checkbox"/> 94720	D _L CO (Diffusion / Single Breath)	<input type="checkbox"/> J2545	Pentamidine (Nebupent) NCD #63323-0877-15
<input type="checkbox"/> 94240	Lung Volumes	<input type="checkbox"/> 82803	ABG (Arterial Blood Gas)
<input type="checkbox"/> 94070	Methacholine Challenge (contact tech for instructions)	Patient is not on anticoagulants & there are no known contraindications for an arterial stick.	
<input type="checkbox"/> 94620	Pulmonary Stress Test (Spirometry & Oximetry before & after exercise)	_____ MD / Initials	
<input type="checkbox"/> 94621	Pulmonary Gas Exchange Study	ABG on _____ L/MIN	
<input type="checkbox"/> 82803 <input type="checkbox"/> 82803.91	Shunt Study	ABG on room air	

Physician/Provider Signature _____

Date _____

THIS SECTION TO BE COMPLETED BY SCHEDULING:

I scheduled this patient for (date/time): _____

Signature of scheduler _____

Date _____