

PULMONARY FUNCTION TESTS ORDER FORM

Physician must fax this form, which includes a prescription for COVID screening test, to 215-615-1261 for patient to be registered for both tests. A COVID test is required to be done 72 hours prior to PFT. A staff member will call patient to schedule both the COVID test and PFT.

Patient Name: _____ Date of Birth: _____

Patient's Phone Number: _____ Diagnosis Code: _____

Ordering Physician: _____ Order Date: _____

Copy to: _____

****NOTE: PLEASE DO NOT TAKE ANY BREATHING MEDICINES 6-8 HOURS PRIOR TO YOUR TEST!****

_____ **PFT** (Spirometry pre & post bronchodilator, Lung Volumes, Diffusion Capacity, RAW, GAW)

_____ **PFT** (Spirometry w/o bronchodilator, Lung Volumes, Diffusion Capacity, RAW, GAW)

_____ **Spirometry** (Forced Vital Capacity, Flow volume loop)

_____ **Spirometry Pre & Post Bronchodilator** (FVC, FVL, bronchodilator)

_____ **Lung Volumes** (TLC, VC, IC, FRC, ERV, RV, VTG, RAW, GAW)

_____ **Diffusion Capacity** (DLCO, DLCO/VA), must be ordered with Spirometry or Lung Volumes

_____ **Bronchial Challenge / Provocation** (Methacholine) Bronchial Provocation

_____ **MIP / MEP** (Maximum inspiratory and expiratory pressures)

_____ **ABG / Arterial Blood Gas;** _____ *Room Air* _____ *On Oxygen*

_____ **Oxygen Saturation** (HR, SpO2) _____ *Room Air* _____ *On Oxygen*

_____ **Six Minute Walk Test** (SpO2 with ambulation); _____ *Room Air* _____ *On Oxygen*

_____ **Cardio-Pulmonary Exercise Stress Test** (Oxygen consumption and Carbon Dioxide Production).

_____ **Impulse Oscillometry** (airway resistance and reactance, bronchodilator). **Must be ordered alone.**

COVID Screening Test DX: Z20.828 Specimen Source: NP Swab

Please bring a list of all medicines that you are currently taking. Arrive 15 minutes prior to your scheduled appointment to register. Bring this prescription form, insurance card and photo ID with you.

Physician Signature: _____ Date: _____ Time: _____