

CRMC and CCMC Pulmonary Function Scheduling Office: Phone (559) 459-3947, Fax (559) 459-2083

Select Preferred Test Location: *Final test location will depend on test procedure availability*

Community Regional Medical Center (CRMC) Clovis Community Medical Center (CCMC)

Please include current demographics and insurance/authorizations with referral

Patient Name: _____ Date of Birth: _____

Patient Address: _____ City/Zip Code: _____

Patient Phone Number: _____ Mobile Phone Number: _____

Referring Physician (Print Name): _____ Phone Number: _____

Diagnosis (specific): _____ ICD-10 Code: _____

Please mark all boxes that apply (*American Thoracic Society procedure names):

- 1. Complete Pulmonary Function With Bronchodilator:** Includes options 3, 4, 5 below.
- 2. Complete Pulmonary Function Without Bronchodilator:** Includes options 4, 5, 6 below.
- 3. Spirometry* with Bronchodilator Response Testing** (Spirometry – Pre & Post): With 1.25mg/0.5ml Levalbuterol via nebulizer
- 4. Measurement of Lung Volumes*** (Functional Residual Capacity): Will be performed by either Plethysmography or Nitrogen Washout. Include **Airway Resistance [RAW]*** by Plethysmography (Airflow Resistance)?: Yes No
- 5. Single-Breath Carbon Monoxide Uptake in the Lung*** (Carbon Monoxide Diffusing Capacity [DLCO with Spirometry]). Test includes **Transcutaneous Hemoglobin Spot Check** for DLCO correction, unless specified below:
 Do not include Transcutaneous Hemoglobin Spot Check.
- 6. Spirometry* without Bronchodilator Response Testing** (Spirometry – Simple)
- 7. Percutaneous Arterial Blood Gas Sampling*** (Arterial Blood Gasses [ABG]): On Room Air Oxygen (O2) _____ lpm
 Carboxyhemoglobin for DLCO correction
- 8. Maximum Respiratory Pressures*** (Maximum Inspiratory/Expiratory Pressure [MIP/MEP]). A primary procedure must accompany an order for a MIP/MEP.
- 9. 6-Minute-Walk Test*** (Pulmonary Stress Test): If SpO2 drops to less than 89%, O2 will be titrated to keep SpO2 greater than 89% or _____%. Unless specified, O2 titration will not be performed on Pulmonary Hypertension patients.
- 10. Frailty Testing (5-Meter Walk)**
- 11. Exercise Test for the Assessment of Desaturation*** (Home O2 Evaluation Desaturation Screen/Oxygen Titration):
 If SpO2 drops to less than 89%, O2 will be titrated to keep SpO2 greater than 89% or _____%.
- 12. Bronchial Provocation Test:** Requires a prior Spirometry with Bronchodilator Response Testing. 1.25mg/0.5ml Levalbuterol via nebulizer will be administered if Forced Expiratory Volume on the first second (FEV1) falls by at least 10% from baseline.
Select one:
 Methacholine Challenge Test* (Bronchial Provocation Test)
 Exercise Challenge Test* (Bronchial Provocation Exercise Induced Challenge):
 Device (choose one): Cycle Ergometer Treadmill
- 13. High Altitude Simulation Testing (HAST) –** Simulates 8,000 feet: If SpO2 drops to less than 89%, O2 will be titrated to keep SpO2 greater than 89% or _____%.
- 14. Cardiopulmonary Exercise Test [CPET]*** (Cardiopulmonary Stress Test Complex):
Indications:
 Exercise capacity/tolerance evaluation Pre-operative/transplant evaluation Impairment/disability evaluation
 Cardiac disease Pulmonary disease Other: _____
- 15. Respiratory Sputum Induction:** Will be performed with Sodium Chloride 10% 3 ml solution, and 1.25mg/0.5ml Levalbuterol via nebulizer as needed (PRN) for wheezing or shortness of breath.
 Choose at least one: Acid-fast bacilli (AFB) x _____ Pneumocystis Carinii Respiratory Culture
- 16. Pentamidine (NebuPent) Nebulizer Solution 300 mg x _____,** and Levalbuterol 1.25 mg /0.5 ml via nebulizer PRN Wheezing
- 17. Pulse Oximetry - Spot Check.** A primary procedure must accompany an order for a Pulse Oximetry - Spot Check.

Date: _____ Time: _____ Physician Signature: _____ National Provider Identifier: _____

Respiratory Therapy

Pulmonary Function Test Referral

