

## Pulmonary Diagnostic Lab Exam Request

Patient Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Allergies: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_

1303 E Herndon Ave. Fresno, CA 93720 559-450-3000

### Pulmonary Diagnostic Lab Exam Request

#### PULMONARY FUNCTION TEST

<b>Diagnosis:</b>	_____
Consent	<input type="checkbox"/> Simple Spirometry: SVC/FVC/MVV  <input type="checkbox"/> Simple Spirometry, Deliver bronchodilator (Albuterol 2.5mg x 1 dose) Then repeat FVC  <input type="checkbox"/> Complete PFT: SVC/FVC, Lung Volumes, Airway Resistance, DLCO w/Carboxyhemoglobin (DLCO) blood draw. Bronchodilator (Albuterol 2.5mg x 1 dose) and repeat FVC only.  <input type="checkbox"/> Complete PFT without bronchodilator  <input type="checkbox"/> Add Neuromuscular Testing: MVV MIP/MEP

#### OXYGENATION TESTS

Consent	<input type="checkbox"/> ABG with 0.5 ml 1% Lidocaine intradermal anesthetic Room Air or on Oxygen @ ____ lpm  <input type="checkbox"/> ABG without anesthetic Room Air or on Oxygen @ ____ lpm  <input type="checkbox"/> 6-minute walk test (Distance/pre-post SpO2) Room Air or on Oxygen @ ____ lpm
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Physician Signature _____	Date _____ Time _____
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**EPIC Approved Faxed Order**

