

TO SCHEDULE PROCEDURES:

CALL (502) 813-6500 OR FAX (502) 813-6389
QUESTIONS: (502) 855-7856

*** PLEASE ATTACH RECENT PATIENT DEMOGRAPHICS & INSURANCE INFORMATION TO EXPEDITE SCHEDULING***

Patient Name: _____ **D.O.B:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

DIAGNOSES: _____
Please provide the diagnoses (signs, symptoms, reason for referral) including codes, and other pertinent clinical information.

WHERE WOULD YOU LIKE THE RESULTS TO BE SENT UPON COMPLETION? *Default is sent to ordering physician*

Fax: _____ E-Mail: _____

WHEN: Today (if schedule permits) Next 5 business days Within 30 days Prior to next MD visit

PUMONARY FUNCTION TESTING		FUNCTIONAL CAPACITY	
<input type="checkbox"/> Complete PFTs + Pre & Post Bronchodilator Testing (spirometry, lung volumes and DLCO & albuterol 2.5 mg nebulizer)	CPP	<input type="checkbox"/> 6 Minute Walk Test (following ATS standards)	SIX
<input type="checkbox"/> Complete PFTs (spirometry, lung volumes and DLCO)		<input type="checkbox"/> Multiple Pulse Oximetry Test	MPO
<input type="checkbox"/> Spirometry (includes flow-volume loop and MVV)	CDL FVL	<input type="checkbox"/> Multiple Pulse Oximetry Test with Oxygen Titration	POO
<input type="checkbox"/> Spirometry + Pre & Post Bronchodilator Testing (albuterol 2.5 mg nebulizer)	SPP	<input type="checkbox"/> CardioPulmonary Exercise Testing- Sub-maximal (Step)	SME
<input type="checkbox"/> Lung Volumes (TLC, FRC, RV, VC, etc.)	TLC	<input type="checkbox"/> CardioPulmonary Exercise Testing- Maximal (Stationary Bicycle) (Schedule at Access ONE 562-4009)	EXT
<input type="checkbox"/> Carbon Monoxide Diffusing Capacity (DLCO) (Includes transcutaneous Hgb if DLCO is abnormal)	DLC		
<input type="checkbox"/> Maximum Inspiratory and Expiratory Pressures (MIP / MEP)	MIP		
BRONCHIAL HYGIENE & MAINTENANCE		ADDITIONAL TESTING	
<input type="checkbox"/> Small Volume Nebulizer Treatment <input type="checkbox"/> Albuterol 2.5 mg <input type="checkbox"/> Levalbuterol (Circle: 1.25 mg, 0.63 mg) <input type="checkbox"/> Ipratropium Bromide (Atrovent) 0.5 mg	SVN	<input type="checkbox"/> Methacholine Challenge Testing (Methacholine testing, includes FE _{NO})	MCH
<input type="checkbox"/> Induced Sputum with hypertonic saline		<input type="checkbox"/> Arterial Blood Gas CIRCLE: room air or supp O ₂ _____ l/min <input type="checkbox"/> Today <input type="checkbox"/> Scheduled (Schedule at Access ONE 562-4409)	ABG
<input type="checkbox"/> Nasal Tracheal Suctioning	SNA		EIB
<input type="checkbox"/> One on One Patient Education <input type="checkbox"/> Deep Breath & Cough <input type="checkbox"/> Purse Lip Breathing <input type="checkbox"/> MDI and Medication Instruction and Techniques <input type="checkbox"/> Other: _____	NSX PED	<input type="checkbox"/> Exercise-induced Bronchospasm	ONO
		<input type="checkbox"/> Over Night Oximetry Study	FOO
		<input type="checkbox"/> 24 hour Oximetry Study	ENO
		<input type="checkbox"/> Fractional Exhaled Nitric Oxide (FE _{NO})	HGB
		<input type="checkbox"/> Hemoglobin (Hgb), transcutaneous	

Comments/Lab Orders: _____

Ordering Physician: _____ **Date:** _____
PRINT NAME SIGNATURE

Ordering Physician contact number: _____