

**Respiratory Therapy Department  
Order Form**

Please follow the steps below, complete this form and FAX to the Respiratory Therapy Department at 932-3499. Upon receipt we will call the patient and schedule the appointment. If you have any questions please feel free to contact us at 932-3290. Thank you.

1. Patient Name: \_\_\_\_\_

2. Date Ordered: \_\_\_\_\_ Pt Phone \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Date of Birth \_\_\_\_\_

Physician Name (print) \_\_\_\_\_ Authorization # \_\_\_\_\_

Please fax completed reports to phone \_\_\_\_\_

Physician Signature \_\_\_\_\_ Insurance Plan(s) \_\_\_\_\_

Clinical Diagnosis \_\_\_\_\_ ICD- 9 & ICD-10 Code \_\_\_\_\_

Any known allergies \_\_\_\_\_ Hemoglobin Level \_\_\_\_\_

**AUTHORIZATION ATTACHED** \_\_\_\_\_

**NO PRIOR AUTHORIZATION REQUIRED** \_\_\_\_\_

**3. Indicate which procedure you want us to perform on the patient.**

- a. \_\_\_\_\_ Full Pulmonary Function  
Includes: 94060 Bronchospasm Evaluation (Pre & Post Spirometry Flow Volume Loop)  
94729 CO<sub>2</sub> / Membrane Diffuse Capacity  
94726 Body Plethysmography (Lung Volume)  
Medication given 2.5mg Albuterol or \_\_\_\_\_ Yes \_\_\_ No \_\_\_
- b. \_\_\_\_\_ 94060 Bronchospasm Evaluation (Pre & Post Spirometry Flow Volume Loop)
- c. \_\_\_\_\_ 94727 Pulmonary Function Test by Gas (Lung Volume)
- d. \_\_\_\_\_ 94729 CO<sub>2</sub> / Membrane Diffuse Capacity
- e. \_\_\_\_\_ 94375 Flow Volume Loop
- f. \_\_\_\_\_ 94761 6 Minutes Ambulation O<sub>2</sub>
- g. \_\_\_\_\_ 36600 Arterial Blood Gas @ Oxygen FiO<sub>2</sub> \_\_\_\_\_ % or  
Flow rate \_\_\_\_\_ LPM or Room Air \_\_\_\_\_
- h. \_\_\_\_\_ 93005 EKG

**4. What should you tell the patient before you order the pulmonary function?**

- a. Unless absolutely necessary, do not take any aerosolized bronchodilator at least 4 to 8 hours prior to the test.
- b. RT Department will call you to set up the appointment for the 90 minute test.
- c. Register at the hospital outpatient Admitting Department located in the lobby of the hospital.
- d. Bring a copy of this order form with you for outpatient registration.

**Preliminary Report will be faxed to your office upon completion of test. Final Report will follow.**