FRESNO HEART & SURGICAL HOSPITAL

FHSH Pulmonary Function Scheduling Office: Phone (559) 433-8001, Fax (559) 433-8369

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 include current demographics and insurance/authorizations with referral

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 and Post):
With Levalbuterol 1.25 mg /0.5 ml 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). Include **Hemoglobin and Hematocrit (H/H)** for DLCO correction? ☐ Yes ☐ No

☐ **6. Spirometry* Without Bronchodilator Response Testing** (Spirometry – Simple)

☐ **7. Percutaneous Arterial Blood Gas Sampling*** (Arterial Blood Gases [ABG]):
On ☐ Room Air ☐ Oxygen (O2) __________ lpm

☐ **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. Exercise Test for the Assessment of Desaturation*** (Home O2 Evaluation Desaturation Screen/Oxygen Titration): If SpO2 If drops to less than 89%, O2 will be titrated to keep SpO2 greater than 89% or __________%.

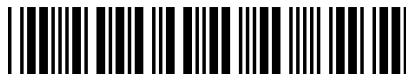
☐ **11. Frailty Testing** (5-Meter Walk)

Special needs the patient may have: ____________________

Date:________ **Time:** ________ **Physician Signature:** ____________________ **National Provider Identifier:** _________

Respiratory Therapy

Pulmonary Function Test Referral Form



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