

PULMONARY PHYSIOLOGY

REQUEST FORM
for Physicians Outside NJH

For Questions please contact:
Pulmonary Physiology
1400 Jackson, Denver 80206
303-398-1530

PLEASE FAX A DEMOGRAPHIC FACE SHEET ALONG WITH THIS FORM.

Fax all Forms to: 303-270-2153

Ordering Physician: _____ **Signature:** _____

Contact Name/Phone: _____ **FAX:** _____

Patient Name: _____ **DOB:** _____

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

Diagnosis: _____

Infection Risk Yes No **DATE FAXED TO NJH** _____

OUTSIDE REFERRING DOCTORS **FAX: 303-270-2153** **PHONE: 303-398-1355**

PULMONARY FUNCTION TESTS	PULMONARY EXERCISE
<input type="checkbox"/> COMPLETE PFT Consists of Pre & Post Spirometry, lung volume, airways resistance & DLCO. DLCO will only be done if age > 18 years. <input type="radio"/> Pre <input type="radio"/> Post*	Patient must be evaluated prior to testing by ordering physician <input type="checkbox"/> EXERCISE TOLERANCE* Consists of VO ₂ , VCO ₂ , VD/VT & VE. Will be done Max only with an A-line unless otherwise noted. <input type="radio"/> A-line <input type="radio"/> No A-line <input type="radio"/> Max <input type="radio"/> Steady State <input type="radio"/> IC Trend
<input type="checkbox"/> PRESSURE VOLUME CURVE* Consists of Pre PV, Pre & Post lung volumes, Spirometry unless otherwise noted. Does not include a DLCO	<input type="checkbox"/> CONTINUOUS LARYGOSCOPY w/Exercise No A-line
<input type="checkbox"/> FORCED OSCILLATION (IOS) Consists of Pre & Post unless otherwise noted. <input type="radio"/> Pre <input type="radio"/> Post*	<input type="checkbox"/> EIB - EXERCISE INDUCED BRONCHOCONSTRICTION <input type="radio"/> Cold Air <input type="radio"/> Pre-Treatment Rx:* <input type="radio"/> Laryngoscopy Preferred Performing MD for Lary: _____
<input type="checkbox"/> PI/PE MAX <input type="checkbox"/> DLCO & Spirometry	<input type="checkbox"/> FORMAL EXERCISE FOR DESATURATION* Consists of Pulse oximetry on Treadmill <input type="radio"/> Walk on Room Air <input type="radio"/> O ₂ Titration to O ₂ Sat. > 90% <input type="radio"/> ABG's at Rest & Exercise with A-line <input type="radio"/> 12-Lead EKG
<input type="checkbox"/> SPIROMETRY - Pre only unless otherwise noted <input type="radio"/> Pre <input type="radio"/> Post*	
<input type="checkbox"/> Nitrogen Washout +SVC Consists of Pre only unless otherwise noted. <input type="radio"/> Pre <input type="radio"/> Post*	
<input type="checkbox"/> EXHALED NITRIC OXIDE	

GAS EXCHANGE

<input type="checkbox"/> ARTERIAL BLOOD GAS <input type="radio"/> Room Air <input type="radio"/> O ₂ : _____	<input type="checkbox"/> METHACHOLINE CHALLENGE* Consists of Spirometry only, unless otherwise noted. <input type="radio"/> Lung Volumes and Airway Resistance(PC 40) <input type="radio"/> Laryngoscopy Preferred Performing MD for Lary: _____
<input type="checkbox"/> WALKING PULSE OXIMETRY <input type="radio"/> Room Air <input type="radio"/> O ₂ : _____ <input type="radio"/> Oxygen Titration to O ₂ Sat > 90%	<input type="checkbox"/> IRRITANT CHALLENGE* <input type="radio"/> Perfume <input type="radio"/> Ammonia <input type="radio"/> Smoke <input type="radio"/> Other - Specify: _____
<input type="checkbox"/> PULSE OXIMETRY (Single Evaluation)	<input type="checkbox"/> ALLERGEN CHALLENGE* <input type="radio"/> Latex <input type="radio"/> Other - Please specify
<input type="checkbox"/> SHUNT STUDY	LARYNGOSCOPY
<input type="checkbox"/> Hypercapnic Response <input type="checkbox"/> Hypoxic Response	<input type="checkbox"/> Laryngoscopy Preferred Performing MD: _____
<input type="checkbox"/> HAST - HIGH ALTITUDE SIMULATION TESTING	

MD Comments _____

*Albuterol 360mcg MDI or 2.5mg Neb, unless otherwise ordered.

*Xopenex 1.25mg or Xopenex 0.63mg Neb, unless otherwise ordered.