Pulmonary and Sleep Associates of Marin

Patient Name:

DOB:

Pulmonary Function Lab
100 Rowland Way, Suite 300
Novato, CA 94945

Phone: 415-878-0225
Fax: 415-878-0215
MarinPulmonarySleep.com

STUDIES REQUESTED (CPT codes):

__FULL PULMONARY FUNCTION TESTING-including DLCO (94060, 94200, 94726, 94729, 94727)
__Flow volume/Spirometry (94010)
__Spirometry plus Bronchodilator challenge (94060)
__Simple Stress Test: six-minute walk test, oxygen prescription (94618)
__Respiratory Mechanics: MIP/MEP, MVV (94200)
__Determination of airway closure (94375)

REASONS FOR REQUESTING PULMONARY FUNCTION STUDY (check all that apply):

__Asthma
__Chronic Bronchitis
__COPD/Emphysema
__Upper Airway Obstruction
__Sarcoidosis
__Pulmonary Fibrosis
__Pulmonary Hypertension
__Respiratory Failure
__Dyspnea
__Cough
__Wheezing
__Chest pain
__Abnormal chest x-ray
__Lung cancer
__Neuromuscular Disorder
Other (specify):____________________________

Pre-operative (specify date & procedure): ____
Exposure to drug or toxic substance (specify):____
Baseline before beginning or changing drug therapy: drug name _______________________________

PRECAUTIONS: __None

__patient may have active TUBERCULOSIS, VRE, MRSA or other infectious disease

URGENCY: __ Routine __Urgent

ORDERING PHYSICIAN:

Name: _____________________________________ Phone:______________ Fax:________________

Signature:___________________________________ Date: ____________________________________