

*Pulmonary and Sleep  
Associates of Marin*



100 Rowland Way, Suite 300  
Novato, CA 94945

Phone: 415-878-0225  
Fax: 415-878-0215

[MarinPulmonarySleep.com](http://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 (94620)  
 Respiratory Mechanics: MIP/MEP, MVV (94200, 95831)  
 Determination of airway closure (94375)

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

- |   |   |
|---|---|
| <input type="checkbox"/> Asthma                   | <input type="checkbox"/> Dyspnea                |
| <input type="checkbox"/> Chronic Bronchitis       | <input type="checkbox"/> Cough                  |
| <input type="checkbox"/> COPD/Emphysema           | <input type="checkbox"/> Wheezing               |
| <input type="checkbox"/> Upper Airway Obstruction | <input type="checkbox"/> Chest pain             |
| <input type="checkbox"/> Sarcoidosis              | <input type="checkbox"/> Abnormal chest x-ray   |
| <input type="checkbox"/> Pulmonary Fibrosis       | <input type="checkbox"/> Lung cancer            |
| <input type="checkbox"/> Pulmonary Hypertension   | <input type="checkbox"/> Neuromuscular Disorder |
| <input type="checkbox"/> Respiratory Failure      | 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: \_\_\_\_\_