

*Pulmonary and Sleep
Associates of Marin*



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 (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 | <input type="checkbox"/> 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: _____

Please request authorization for ALL CPT CODES pertaining