



LOMA LINDA UNIVERSITY
HEALTH

**PULMONARY FUNCTION LABORATORY
DEPARTMENT OF RESPIRATORY CARE**

(909) 558-8233

FAX (909) 558-4165

PHYSICIAN ORDER FORM

Patient Name: _____ Medical Record Number: _____ Patient DOB: _____

Required: Reason for diagnostic test: _____ Patient diagnosis code (ICD-10): _____

Arterial Blood Gas Room air *OR* Oxygen (Specify: _____ Lpm *OR* _____ FiO₂) (CPT: 36600, 82803, 82805, 82330, 84132, 84295, 82435)

Venous Blood Gas (CPT: 36415, 82803, 82805, 82330, 84132, 84295, 82435)

Spirometry *Please choose which type of spirometry below:*

Simple (CPT: 94010) *OR* Pre & Post Bronchodilator (2.5mg Albuterol)(CPT: 94060)

Add DLCO (Carbon Monoxide Diffusing Capacity Single Breath) (CPT: 94729)

Maximum Inspiratory Pressure / Maximum Expiratory Pressure (MIP/MEP) (CPT: 94799)

Sitting *OR* Supine *OR* Sitting vs. Supine

Body Plethysmography (Lung Volume & Airway Resistance) (CPT: 94726)

Add DLCO (Carbon Monoxide Diffusing Capacity Single Breath) (CPT: 94729)

Exercise Induced Asthma Study with Evaluation of Vocal Cord Dysfunction? Yes *OR* No (CPT: 94617)

High Altitude Simulation Test: answer questions below (*required*) (HAST) (CPT: 94453 or 94452)

O₂ Titration Range: _____

Obtain Arterial Blood Gas: Yes *OR* No

Simulated Elevation: 8,000 Feet *OR* Other (Please Specify Elevation): _____

O₂ Desaturation/Exercise (Pulmonary Stress Test Simple) (CPT: 94618) Target SpO₂% _____

Pulmonary Stress Test Complex (CPT: 94621)

Inhaled Methacholine/Bronchoprovocation (Per ATS Guidelines) (CPT: 94070, J7674)

Please Note: Must have had Spirometry within the last 6 months.

Inhaled Pentamidine, repeat monthly x _____ treatments (300mg Pentamidine) (CPT: 94642)

Inhaled Pentamidine, pre-treat with bronchodilator, repeat monthly x _____ treatments (300mg Pentamidine, 2.5 mg Albuterol) (CPT: 94642, 94640)

Sputum Induction one time only *OR* repeat q _____ frequency (CPT: 89220)

6 – Minute Walk (CPT: 94618)

Airway Clearance (CPT: 94669)

AeroBika *OR* Acapella

Required: Ordering physician name (please print legibly): _____

Required: Ordering physician signature: _____ Date signed: _____

Please Note: Orders that are incomplete will be sent back and will delay patient scheduling. Thank you.

Patient Instructions: Please give the instructions on page 2 to the patient requiring testing. Patients who fail to follow these instructions may have to reschedule their appointment.

The Department of Respiratory Care thanks you for choosing LLUMC and looks forward to serving you.

Patient Instructions for PFT Appointments:

INHALER/RESPIRATORY MEDICATION USAGE INSTRUCTIONS:

- If you are on an inhaler or nebulizer treatment that you take 1-2 times daily, we recommend avoiding using these within 24 hours of your appointment.
 - If you are on a rescue inhaler or nebulizer treatment that you take every 4-6 hours or as needed, we recommend avoiding using these within 6 hours of your appointment.
 - If you forget to hold your inhalers or nebulizers or could not hold them due to shortness of breath or other respiratory symptoms, we may have to reschedule your appointment.
 - If you are on any inhaled or nebulized medications for pulmonary hypertension such as Tyvaso or Ventavis, please continue these medications.
 - It is also recommended that you take all other non-inhaler prescribed medications as scheduled on the day of testing.
2. **NO** smoking 6 hours before testing.
 3. **NO** caffeine 4 hours before testing.
 4. FASTING IS NOT REQUIRED - light eating, drinking and snacks are acceptable prior to your appointment.
 5. Please no heavy colognes or perfumes out of respect for our asthma patients. We may ask you to wait in the hallway until your appointment time if you do not adhere to this request.
 6. **If you are scheduled for an exercise study (treadmill or bike ergometer) please dress and wear appropriate closed toed athletic shoes – sandals/flip flops will not be allowed.**

PLEASE CALL LAB WITH ANY QUESTIONS REGARDING PRE-TESTING INSTRUCTIONS, ETC. 909-558-8233

Please arrive 30 minutes BEFORE your appointment at patient check-in on the right-hand side of the Lobby Level of Main Hospital.

After check-in take MAIN elevators to the 6th floor of the Medical Center. As you exit the elevator, turn right down the hallway, the Department of Respiratory Care, room 6400 is at the end of the hall. – *If after hours please ring doorbell on the right-hand side of door to enter department.*

You may confirm your appointment by calling 909-558-8233 between 8:00am – 3:50pm Monday-Thursday and 8:00am – 2:50pm on Friday.