

Patient Name: \_\_\_\_\_ MRN# \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home #: (\_\_\_\_) \_\_\_\_\_ Cell #: (\_\_\_\_) \_\_\_\_\_ M F DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Insurance:  PPO  HMO  MEDI/MEDI  MEDI-CAL  MEDI-CAL/HMO  Other: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Allergies: \_\_\_\_\_

**ALERT: Any test performed with a bronchodilator requires an order for medication by requesting MD.**

<b>Prior to test:</b>
<input type="checkbox"/> Withhold ALL Bronchodilators
<input type="checkbox"/> DO NOT withhold Bronchodilators

Bronchodilator: Albuterol Sulfate 0.5% (2.5 mg diluted w/ 2.5 ml Normal Saline)  
 Patient Does Not have contraindication to Albuterol Sulfate  
 Alternative to Albuterol if there is known adverse reaction: \_\_\_\_\_ (Medication & Dosage)  
 HGB: \_\_\_\_\_ (< 60 days) Date of test: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Pulmonary Function \*CPT CODES MUST MATCH AUTHORIZATION\***

- Complete PFT w/Bronchodilator CPT 94060/94729/94726
- Complete PFT CPT 94010/94729/94726
- Spirometry w/Bronchodilator CPT 94060
- Spirometry CPT 94010
- DLCO CPT 94729
- Exhaled Nitric Oxide CPT 95012
- Airway Resistance Oscillometry (IOS) CPT 94728
- Lung Clearance Index CPT 94727
- Max. Inspiratory Press.
- Max. Expiratory Press.

**Exercise Tests**

- Pulmonary Stress Test - (CPET) CPT 94621
- Exercise Induced Bronchospasm Test- (EIB) CPT 94617
- EIB and CPET CPT 94621/94617
- 6 min. Walk Test - NOT for Oxygen Titration CPT 94618
- Oxygen Determination & titration Walk Test CPT 94618

**Bronchial Challenge**

- Bronchial Challenge-Methacholine CPT 95070/94070

**Blood Gases**

- Arterial CPT 36600
- Room Air
- O2 @ \_\_\_\_\_ LPM

**High Altitude Simulation Test-ADULTS\***

- HAST on RA CPT 94452  
Titrate to keep O2 sat >88%-ADULTS
- HAST on O2 CPT 94453  
Start w/O2 @ \_\_\_\_\_ LPM  
Titrate to keep O2 sat >88%-ADULTS

**High Altitude Simulation Test- PEDS\***

- HAST on RA CPT 94452  
Titrate to keep O2 sat >92%-PEDS\*
- HAST on O2 CPT 94453  
Start w/O2 @ \_\_\_\_\_ LPM  
Titrate to keep O2 sat >92%-PEDS\*

Print MD Name:
MD Signature:
Phone: _____ Fax: _____