

18111 Brookhurst St., Suite 2200
Fountain Valley, CA 92708

**Pulmonary
Services Requisition**

Patient Name:	M	F	Date of Birth (REQUIRED):	Phone #:
Print Ordering Physician Name:				
PHYSICIAN SIGNATURE (REQUIRED):				Date (REQUIRED):
Ordering Physician Phone:			Ordering Physician Fax:	
Referring Physician Name: For result reporting			Referring Physician Fax:	
DIAGNOSIS (REQUIRED):				

PULMONARY SERVICES

- Complete PFT**
- Partial PFT (check maneuvers below)**
- Spirometry
- Spirometry Pre and Post (Albuterol 2.5 mg to be given)
- Plethysmography/Lung Volume
- Diffusing Lung CO/ DLCO
- Pulse Oximetry Single
- Arterial Blood gas
- Pulmonary Stress Test Simple (6min. walk)
- Sputum Induction

FAX orders / authorizations: (714) 378-5018

For appointments please call: (714) 378-7572

PULMONARY REHABILITATION

- Pulmonary Rehab**

Fax orders / authorizations to: (714) 378-7487

Arterial Blood Gas

WALK IN

Hours: 8:00 – 4:00

Please register on the 1st floor with Admitting. After registration you will be directed 2nd floor Suite 2200