

CRMC and CCMC Pulmonary Function Scheduling Office: Phone (559) 459-3947, Fax (559) 459-2083

Select Preferred Test Location: *Final test location will depend on test procedure availability*

☐ **Community Regional Medical Center (CRMC)** ☐ **Clovis Community Medical Center (CCMC)**

Please include current demographics and insurance/authorizations with referral

Patient Name: _____ Date of Birth: _____

Patient Address: _____ City/Zip Code: _____

Patient Phone Number: _____ Mobile Phone Number: _____

Referring Physician (Print Name): _____ Phone Number: _____

Diagnosis (specific): _____ ICD-10 Code: _____

Please mark all boxes that apply (*American Thoracic Society procedure names):

- ☐ **1. Complete Pulmonary Function With Bronchodilator:** Includes options 3, 4, 5 below.
- ☐ **2. Complete Pulmonary Function Without Bronchodilator:** Includes options 4, 5, 6 below.
- ☐ **3. Spirometry* with Bronchodilator Response Testing** (Spirometry – Pre & Post): With 1.25mg/3ml Levalbuterol via nebulizer
- ☐ **4. Measurement of Lung Volumes*** (Functional Residual Capacity): Will be performed by either Plethysmography or Nitrogen Washout. Include **Airway Resistance [RAW]*** by Plethysmography (Airflow Resistance)?: ☐ Yes ☐ No
- ☐ **5. Single-Breath Carbon Monoxide Uptake in the Lung*** (Carbon Monoxide Diffusing Capacity [DLCO with Spirometry]).
- ☐ **6. Spirometry* without Bronchodilator Response Testing** (Spirometry – Simple)
- ☐ **7. Percutaneous Arterial Blood Gas Sampling*** (Arterial Blood Gasses [ABG]): On ☐ Room Air ☐ Oxygen (O2) _____ lpm
☐ Carboxyhemoglobin for DLCO correction
- ☐ **8. Maximum Respiratory Pressures*** (Maximum Inspiratory/Expiratory Pressure [MIP/MEP]). A primary procedure must accompany an order for a MIP/MEP.
- ☐ **9. 6-Minute-Walk Test*** (Pulmonary Stress Test): If SpO2 drops to less than 89%, O2 will be titrated to keep SpO2 greater than 89% or _____. Unless specified, O2 titration will not be performed on Pulmonary Hypertension patients.
- ☐ **10. Frailty Testing (5-Meter Walk)**
- ☐ **11. Exercise Test for the Assessment of Desaturation*** (Home O2 Evaluation Desaturation Screen/Oxygen Titration):
If SpO2 drops to less than 89%, O2 will be titrated to keep SpO2 greater than 89% or _____.
- ☐ **12. Bronchial Provocation Test:** Requires a prior Spirometry with Bronchodilator Response Testing. 1.25mg/3ml Levalbuterol via nebulizer will be administered if Forced Expiratory Volume on the first second (FEV1) falls by at least 10% from baseline.
Select one:
☐ **Methacholine Challenge Test*** (Bronchial Provocation Test)
☐ **Exercise Challenge Test*** (Bronchial Provocation Exercise Induced Challenge):
Device (choose one): ☐ Cycle Ergometer ☐ Treadmill
- ☐ **13. High Altitude Simulation Testing (HAST)** – Simulates 8,000 feet: If SpO2 drops to less than 89%, O2 will be titrated to keep SpO2 greater than 89% or _____.
- ☐ **14. Cardiopulmonary Exercise Test [CPET]*** (Cardiopulmonary Stress Test Complex):
Indications:
☐ Exercise capacity/tolerance evaluation ☐ Pre-operative/transplant evaluation ☐ Impairment/disability evaluation
☐ Cardiac disease ☐ Pulmonary disease ☐ Other: _____
- ☐ **15. Respiratory Sputum Induction:** Will be performed with Sodium Chloride 10% 3 ml solution, and 1.25mg/3ml Levalbuterol via nebulizer as needed (PRN) for wheezing or shortness of breath.
Choose at least one: ☐ Acid-fast bacilli (AFB) x _____ ☐ Pneumocystis Carinii ☐ Respiratory Culture
- ☐ **16. Pentamidine (NebuPent) Nebulizer Solution 300 mg** x _____, and Levalbuterol 1.25 mg/3 ml via nebulizer PRN Wheezing
- ☐ **17. Pulse Oximetry - Spot Check.** A primary procedure must accompany an order for a Pulse Oximetry - Spot Check.

Date: _____ Time: _____ Physician Signature: _____ National Provider Identifier: _____

Respiratory Therapy

Pulmonary Function Test Referral

