

Pediatric Specialty Care Center – Pulmonary Function Lab Phone (559) 459-BEAR (2327), Fax (559) 459-1539

| Patient Name: | Da | Date of Birth: | |
|--|---|---|--|
| Patient Address: | City/State/Zip Code:_ | City/State/Zip Code: | |
| Patient Phone Number: | Mobile Phone Number | Mobile Phone Number: | |
| Referring Physician (Print Name): | Phone | Phone Number: | |
| Diagnosis (specific): | 1 | CD-10 Code: | |
| Mark the boxes that apply (*America A. Complete Pulmonary Function Towns are for patients greater than a complete Pulmonary Function Towns are for patients greater than a complete Pulmonary Function 1. Complete Pulmonary Function 90mcg/puff, 2 puffs; Force • Measurement of Lung of Airway Resistance [RA • Single-Breath Carbon In Spirometry) • Maximum Respiratory | nt demographics and insurance/auth an Thoracic Society procedure names): | appropriate. 1726, 94727, 94729, 94799) - Pre and Post): With Albuterol Inhaler oluntary Ventilation* Plethysmography or Nitrogen Washout ce) Innoxide Diffusing Capacity – DLCO with | |
| Capacity* and Maximal \ | Volumes* (Functional Residual Capacity) by W]* by Plethysmography (Air low Resistanc Monoxide Uptake in the Lung* (Carbon MoPressures* (Maximum Inspiratory/Expiratory | Plethysmography or Nitrogen Washout e) onoxide Diffusing Capacity – DLCO with | |
| Tests are for patients greater than one of the control of the cont | or equal to 3 years old. Test performed will de ry* with Bronchodilator Response Testing - Pre & Post): With Albuterol Inhaler 90mcg/p ry* without Bronchodilator Response Tes | g (Spirometry – Pre and Post or Airway buff, 2 puffs sting (Spirometry – Simple or Airway | |
| | ng of Cardiopulmonary Exercise Test [Cist*; a referral (CPT 99243) to either of the co | | |
| - | - | | |
| _ | ician Signature | Physician ID# | |
| Respiratory Pediatric Pulmonary Fund | • | | |
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