

# PULMONARY FUNCTION LAB ORDERS

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

MRN: \_\_\_\_\_ Date of Service: \_\_\_\_\_ Physician: \_\_\_\_\_

Scheduling Phone Line: 205.996.5864 • Scheduling Fax Line: 205.801.8231  
 Department of Medicine Email: domoutsideorders@uabmc.edu

Appointment Request Date: \_\_\_\_\_  Signed order on chart: \_\_\_\_\_

## FORM COMPLETED BY

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**DIAGNOSIS:** \_\_\_\_\_

466	Acute Bronchitis	515	Post Inflammatory Pulmonary Fibrosis
786.7	Abnormal Chest Sounds	416.0	Primary Pulmonary Hypertension
793.1	Abnormal Chest Imaging	135	Sarcoidosis
428.0	Congestive Heart Failure	491.9	Unspecified Chronic Bronchitis
786.2	Cough	277.00	Cystic Fibrosis
496	COPD	<b>OTHER DIAGNOSIS</b> (Include ICD-9-CM) _____ _____ _____	
786.6	Lung Nodule/Mass		
786.05	Shortness of Breath		
786.3	Hemoptysis		
V42.6	Lung Transplant		
478.9	Other & Unspecified Diseases Upper Respiratory Tract		

## DESCRIPTION OF SERVICE

<input type="checkbox"/> 94010	Spirometry (Flow-Volume Loop)	<input type="checkbox"/> 03236M	Complete Pulmonary Profile Includes: • Spirometry • D <sub>L</sub> CO • Lung Volumes
<input type="checkbox"/> 94060	Spirometry Before & After Bronchodilator	<input type="checkbox"/> 94642	Aerosol Inhalation
<input type="checkbox"/> 94720	D <sub>L</sub> CO (Diffusion / Single Breath)	<input type="checkbox"/> J2545	Pentamidine (Nebupent) NCD #63323-0877-15
<input type="checkbox"/> 94240	Lung Volumes	<input type="checkbox"/> 82803	ABG (Arterial Blood Gas)
<input type="checkbox"/> 94070	Methacholine Challenge (contact tech for instructions)	Patient is not on anticoagulants & there are no known contraindications for an arterial stick. _____ MD / Initials	
<input type="checkbox"/> 94621	Pulmonary Gas Exchange (PGE) Study Fax the following to 205.801.8231: • Completed pulmonary lab orders form • Last pulmonary clinic note • Most recent spirometry or pulmonary function test		ABG on _____ L/MIN
			ABG on room air

\_\_\_\_\_  
Physician/Provider Signature

\_\_\_\_\_  
Date

## THIS SECTION TO BE COMPLETED BY SCHEDULING:

I scheduled this patient for (date/time): \_\_\_\_\_

\_\_\_\_\_  
Signature of scheduler

\_\_\_\_\_  
Date