



Appt. Date _____

Pulmonary Order Form

Pulmonary Function Lab

4650 W. Sunset Blvd MS#128, Los Angeles, CA 90027
Phone: (323) 361-2287 Fax #: (323) 361-4533

PATIENT NAME: _____ DOB: _____ MR#: _____

Ph: _____ Cell: _____ Address: _____

Ht: _____ cm Wt: _____ kg BMI _____ Age: _____

DIAGNOSIS: 1. _____ 2. _____ 3. _____

Medications: 1. _____ 2. _____ 3. _____ 4. _____

Related Symptoms / Reason for Test: _____

Is patient physically disabled? NO ___ YES ___ If yes, please explain: _____

Pulmonary Function Testing requires the ability and willingness to cooperate with specific breathing maneuvers.

Is patient developmentally appropriate? ___ NO ___ YES Is patient able to cooperate? ___ NO ___ YES

PATIENT INSTRUCTIONS:

Hold bronchodilators 12 hours before PFT

Continue regular pulmonary medications ; including bronchodilators

ISOLATION REQUIRED

TEST REQUESTED :

Sweat Chloride Analysis

Complete PFT's

PFT – Complete pre/post bronchodilator w/ MIPS / MEPS for ventilatory muscle strength

CF Protocol PFT's

Complete w/ MIPS / MEPS

Complete w/ bronchodilators

PULM Exercise Study

Spirometry only

Cardiac Stress Test (ONLY, no Gas exch)

Hypertonic Saline PFT's

Methacholine Challenge (Requires 1 week notice for pharmacy)

High altitude simulation study, routine test is 5,000 and 8,000 feet. If different altitude is desired, please specify _____.

Resting Energy Expenditure (Child must be able to sit quietly and breath through a mouthpiece)

Infant PFT (**Pulmonary Consultation is Required**)

PHYSICIAN ORDER:

Give Albuterol 2.5mg (0.083% vial) per aerosol for airways obstruction.

Give Xopenex 0.63% per aerosol for airways obstruction.

***Special Instructions/Considerations:** _____

Referring Physician Name: _____ Phone #: _____ Fax : _____

Address: _____

Physician Signature: _____ Date: _____ Time: _____