

Pulmonary Function Testing (PFT) Orders

Patient Name: _____ Phone: _____ DOB: _____

Ordering Clinician: _____ Phone: _____ FAX: _____

APPOINTMENT INFO	Lab location: _____	Phone: _____	FAX: _____
	Appointment date: _____	Time: _____	
	Instructions:		
	• Don't drink caffeine or use bronchodilators for at least 12 hours before your test • Don't smoke for at least 2 hours before your test (preferably 24 hours) • Don't eat a heavy meal or do vigorous exercise for at least 2 hours before your test • Wear loose fitting clothes and remove back braces • Other: _____		

REASONS FOR TESTING	☐ ASSESSMENT (diagnostic evaluation) ☐ Asymptomatic, but suspected diagnosis ☐ Symptomatic ☐ Baseline for screening after acute illness (e.g., pneumonia) ☐ Baseline for preoperative ☐ Baseline for pre-chemotherapy ☐ Baseline for pre-bone marrow transplant ☐ Baseline for pre-employment ☐ Baseline for insurance ☐ Baseline for athletics	☐ DISEASE/SYMPTOM MANIFESTATION ☐ Cough ☐ Dyspnea ☐ Asthma/reactive airways disease ☐ Chronic bronchitis ☐ Pulmonary emphysema ☐ Cystic fibrosis ☐ Bronchiectasis ☐ Heart failure ☐ Interstitial lung disease ☐ Sarcoidosis ☐ Pulmonary vascular disease (e.g., thromboembolism, pulmonary arterial hypertension) ☐ Central airway obstruction (e.g., goiter, tracheal/vocal cord abnormality)	Important information from the ordering clinician: The <u>question</u> the clinician wants answered by the PFT tests: Pertinent history and exam findings:
	☐ MONITORING ☐ Routine follow-up — no specific indication ☐ Follow up for treatment titration/adjustment ☐ Follow up for symptom/function exacerbation	☐ DRUG REACTIONS ☐ Amiodarone ☐ General chemotherapy for cancer ☐ Bleomycin ☐ Methotrexate ☐ Radiation reaction	

Select specific test(s) or protocol(s) below:

Most common tests and protocols:	
☐ SPIROMETRY ☐ Screening (pre-bronchodilator only) ☐ Post-bronchodilator if indicated* ☐ COPD protocol: Includes spirometry with bronchodilator, 6-min walk, B.O.D.E. Index ☐ Full PFTs: Includes spirometry with bronchodilator if indicated*; DLCO; TLC by body plethysmography if FVC and TLC sb is reduced; 6-min walk ☐ Asthma protocol: Includes spirometry with bronchodilator	*Indications for bronchodilator testing: ☐ Obstruction ☐ Cough ☐ Other symptoms of asthma/COPD
Other specialty tests:	
☐ Diffusing capacity: Single-breath carbon monoxide diffusing capacity (DLCO) ☐ LUNG VOLUMES ☐ Single breath Gas Dilution (with DLCO) ☐ Body box (plethysmography) ☐ Multiple breath N2 washout (with right to left shunt estimation) ☐ EXERCISE TESTING ☐ VO2 max ☐ Maximum exercise ABG ☐ Arterial line ☐ 6-min walk ☐ Walking saturation	☐ MUSCLE STRENGTH ☐ MIP/MEP ☐ MVV (maximum voluntary ventilation) ☐ BRONCHOPROVOCATION ☐ Eucapnic voluntary hyperventilation (EVH) ☐ Methacholine challenge ☐ Exercise ☐ Mannitol inhalation test
Other disease-based and specialty protocols:	
☐ Amiodarone protocol: Includes spirometry (bronchodilator if indicated*), DLCO ☐ Bone marrow transplant protocol: Includes spirometry (bronchodilator if indicated*), DLCO ☐ Diabetes (inhaled insulin) protocol: Includes spirometry, DLCO ☐ Heart transplant protocol: Includes spirometry with bronchodilator, DLCO, room air ABGs ☐ Neuromuscular disorder protocol: Includes spirometry (bronchodilator if indicated*), MIP/MEP/MVV, sitting and supine VC ☐ Occupational exposure protocol: MIP/MEP/MVV, R/a ABGS, spirometry with bronchodilator, DLCO, lung volumes	

Ordering Clinician Signature: _____ Date: _____

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