

CARDIOPULMONARY TEST-REQUISITION 2

Pulmonary

Patient Name: (Last, First, MI)		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB:
Weight:	Smoking History: <input type="checkbox"/> Current Smoker <input type="checkbox"/> Former Smoker <input type="checkbox"/> Never Smoker	Patient Number:	
Ordering Physician/NP/PA:		Fax Results to:	
Diagnosis/Pertinent PMH:			

Please check correct box for ICD-10 Diagnosis Code for each test ordered. Please indicate if testing is for preoperative clearance and provide diagnosis for which surgery is planned.

Step 1-Select the ICD-10 Diagnosis of Your Choice:

- ☐ (J20.0) Acute Bronchitis
- ☐ (J45.40) Asthma, Moderate, Persistent
- ☐ (J45.901) Asthma, Unspecified
- ☐ (J45.991) Cough Variant Asthma
- ☐ (J84.9) Interstitial Pulmonary Disease, Unspecified
- ☐ (J84.10) Pulmonary Fibrosis
- ☐ (R05) Cough
- ☐ (J44.0) COPD
- ☐ (R06.2) Wheezing
- ☐ (R06.02) Shortness of Breath
- ☐ (Z79.899) Other Long Term (current) Drug Therapy
- ☐ (I27.20) Pulmonary Hypertension, Unspecified
- ☐ Other ICD-10: _____

Step 2- Requested Order:

- ☐ Spirometry Only
- ☐ PFT Pre and Post Bronchodilator
- ☐ Complete PFT
 - ☐ Diffusing Capacity
 - ☐ Total Lung Volume
 - ☐ Pre/Post
- ☐ MDI Instruction with/without Spacer
- ☐ Arterial Blood Gas ____ LPM or ____ Room Air
- ☐ Sputum Induction
- ☐ Nocturnal Oximetry Study
- ☐ Nebulizer Treatment (SVN): ____ 2.5mg Albuterol or ____ 3ml Duoneb
- ☐ Other: _____

Step 3: Physician/NP/PA/NP/PA Signature

Step 4: Fax order to Boundary Community Hospital

Cardiopulmonary Department **(208) 267-4857**

Patient Label
