

## 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



**Cardiopulmonary Test Requisition 2**  
**\*PO. REG\***

**REV051922/SDJ/BOU-011**