

TYPE OR PRINT CLEARLY
FIELDS IN RED ARE REQUIRED
FAX COMPLETED FORM TO 410-502-6759

THE JOHNS HOPKINS HOSPITAL
 PULMONARY FUNCTION LAB OUTPATIENT CENTER 7 410-955-6856 410-502-6759
PULMONARY FUNCTION STUDIES

NURSING UNIT CLINIC

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AGE		RACE		SEX	<input type="radio"/> M <input type="radio"/> F	DATE OF BIRTH	M/D/Y
LABORATORY USE ONLY	MONTH	DATE OF STUDY DAY	YEAR	TECHNICIAN'S INITIALS			

J.H.H. HISTORY NUMBER

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PATIENTS NAME (LAST, FIRST, M.I.)

	REVENUE CODE	TEST CODE	STUDIES REQUESTED	TEST TIME (MIN)
X	484	10	SPIROMETRY / FLOW VOLUME LOOP	20
<input type="checkbox"/>	484	16	SPIROMETRY / FLOW VOLUME LOOP AFTER BRONCHODILATOR <i>(Do not order if patient has a contraindication to Albuterol)</i>	20
<input type="checkbox"/>	484	14	SINGLE BREATH CO DIFFUSING CAPACITY	20
<input type="checkbox"/>	484	13	HELIUM LUNG VOLUME	20
<input type="checkbox"/>	484	17	PLETHYSMOGRAPHIC LUNG VOLUME (BODY BOX)	20
<input type="checkbox"/>	484	12	ARTERIAL BLOOD GAS AT REST ON ROOM AIR	20
<input type="checkbox"/>	484	25	RESPIRATORY PRESSURES (MIP/MEP)	20
<input type="checkbox"/>	484	SUP	SUPINE SPIROMETRY	20
<input type="checkbox"/>	484	SHUNT	O2 SHUNT STUDY	60
<input type="checkbox"/>	484			
<input type="checkbox"/>	484	CPX	CARDIO-PULMONARY EXERCISE TEST - MVO2	120
<input type="checkbox"/>	484	CPXD	CARDIO-PULMONARY EXERCISE TEST - DESAT (TITRATION OF O2)	100
<input type="checkbox"/>	484	METH	METHACHOLINE CHALLENGE	80
<input type="checkbox"/>	484		OTHER:	
<input type="checkbox"/>	484			
<input type="checkbox"/>	484			

REQUESTING M.D.	10	MD or NPI number	
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DATE		TIME	
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DIAGNOSIS / REASON FOR STUDY