

Patient Information and Physician Order Sheet

Memorial Pulmonary Services

P9

Patient Name: _____ Patient DOB: _____

(Please bring this sheet with you at time of service.)

Appointment Date: _____ Arrival Time: _____ Procedure Time: _____

Diagnosis (ICD-10 Code Required): _____

Ordering Physician (Signature): _____

(Printed): _____

(Date): _____ (Time): _____

To schedule appointments, please call 647-7700. Fax this order to 647-6689.

Procedure Scheduled: METHACHOLINE CHALLENGE STUDY

If the patient is taking any of the following medications, they should be withheld as indicated:

<u>Medication</u>	<u>Withholding Time</u>
<input type="checkbox"/> Albuterol, Ventolin, Proventil, Xopenex, Terbutaline	12 hours
<input type="checkbox"/> Salmeterol, Servent, Formoterol, Advair	48 hours
<input type="checkbox"/> Atrovent, Combivent	48 hours
<input type="checkbox"/> Theophylline	48 hours
<input type="checkbox"/> Cromolyn Sodium	48 hours
<input type="checkbox"/> Tilade, Alocril	48 hours
<input type="checkbox"/> Antihistamines	48 hours
<input type="checkbox"/> Spiriva	1 week
<input type="checkbox"/> Singulair	24 hours
<input type="checkbox"/> Flovent, Asthmacort, Vanceril, Prednisone	48 hours
<input type="checkbox"/> Caffeine	6 hours

Prep: Please arrive 15 minutes before your scheduled appointment to register. **Patients should refrain from smoking and vigorous exercise prior to the test.**

About your procedure: A Methacholine Challenge Study cannot be scheduled in conjunction with any other pulm. test.

How to find us: When you arrive at Memorial, you must register for your procedure in Admitting, located in the Main Entrance area of the hospital. If you have any questions, please ask at the Main Entrance Information Desk. See map on

back for directions.

647-7700

Memorial
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Quality of Life