Patient Information and Physician Order Sheet

Memorial Pulmonary Services

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: PULMONARY FUNCTION TEST
Please check appropriate box:

- ☐ **Complete Test (incl. spirometry before & after bronchodilator, body plethysmography and single breath diffusion)**
- ☐ **Spirometry (pre & post bronchodilator) only**
- ☐ **Spirometry without bronchodilator only**
- ☐ **Spirometry (before & after exercise) only**
- ☐ **Diffusion Capacity**
- ☐ **Body Plethsmography**
- ☐ **Arterial Blood Gases**
- ☐ **Non-invasive Oxygen Saturation Measurement**
- ☐ **Other (please specify)** _____

Prep: Please arrive 15 minutes before your scheduled appointment to register.

About your procedure: Please avoid taking any breathing medications (such as bronchodilator medication), smoking, or eating/drinking anything containing caffeine for 4 hours prior to your test. Please call 647-7300 with any questions.

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 to the rear of the Information Desk (see map). From there, you will be directed to Pulmonary Services. If you have any questions, please ask at the Main Entrance Information Desk.

647-7700

Memorial
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Quality of Life