

Pulmonary Function Outpatient Order Form - SAHS-2151

Centralized Scheduling:					
Boise: (208) 367-8787 Fax (208) 367-7788 Nampa: (208) 463-5858 Fax (208) 463-5490					
	Ontario: (541) 881-74				
Patient Name		DOB	B M F Patient Phone agnosis, Sign or Symptom (Narrative Required):		
Insurance Provider		Diagnosis, Sign or	Symptom (Na	arrative i	Requirea):
Preauthorization Number(s) per procedure					
Exam Date / / Ex	xam Time am/pm	cc:			
Call patient to schedule exam		Schedule by (date)			
Contact Person at Office		Office Fax Office P		Office Pl	hone
Provider Name	Provider Signatu	ature			Date/Time
Common exams are listed below. Fill in appropriate indications.					
EXAM	INDICATIONS				
Full PFT (Spirometry, DLCO, Volumes, Resistance)					
Boise, Baker, Nampa, Ontario (circle one)					
Methacholine Challenge Boise, Nampa, Ontario (circle one)					
☐ Full PFT with Methacholine challenge, Boise only, Ontario					
Full PFT with 6 Minute Walk Test Boise, Baker, Nampa, Ontario(circle					
one) 6 Minute Walk Test					
Boise, Baker, Nampa, Ontario(circle one)					
Pulmonary Exercise Challenge (provocation) with or without Full PFT Boise only					
Spirometry only (with or without bronchodilator)					
Boise, Baker, Nampa, Ontario(circle one)					
Respiratory pressures (MIP/MEP/MVV) (for respiratory muscle weakness)					
Boise, Baker, Nampa, Ontario(circle one)					
Spirometry(with or without bronchodilator) and DLCO only (No lung volumes)					
Boise, Baker, Nampa, Ontario(circle one)					
FeNO (Fractional expired nitric oxide) Boise Only					
HAST (High Altitude Simulation test) Boise only					
Cardiopulmonary Exercise Testing (MaxVO2). Physician must be present. This needs scheduled through PFT lab send fax 367-8232, Attention Tanya. Boise Only					
ADDITIONAL COMMENTS/SPECIAL CONSIDERATIONS					

