



CARDIOPULMONARY PHYSICIAN ORDERS
OUT-PATIENT



Call Cardiopulmonary at 384-1900, ext. #4395, to make an appointment. When completed, please fax this order to Cardiopulmonary at 383-6902.

INSURANCE / PRE-CERT INFO:

Ins. Co. Name: Phone #:
Ins. Rep. Name: Date:
Pre-cert #: Time:

Patient Name: Date of Test: Time:
Birthdate: Sex: M F Pt. Tel. #: Work #:
DX: Hgt. in Inches: Wgt. in kg's: Race:

PFT: (CPT #: 94060)

- Screening Pre; do post if FEV1 is less than 80%
Screening Pre & Post
SSI PFT (Pre & Post with calibration)
Complete (Pre & Post, FVL, FRC, DLCO, MVV)
PFT to be interpreted by Pulmonologist

ABG: (CPT #: 82803)

- Room air
Room air at rest and with exertion
O2 @ L/M
O2 @ L/M at rest and with exertion
Pulse Oximetry:

Patient Instructions PFT: No respiratory meds 4 hours prior to test time.

Patient Instructions ABG, Pulse Ox: None.

EEG: (CPT #: 95816)

- EEG
EEG Sleep Deprived

Nebulizer Treatment:

- For Sputum, testing
With 3cc NS only
Other medication
Time(s) / day, times days

Patient Instructions EEG: Hair must be washed & dry, no spray or oil in hair. No caffeine 8 hours prior to testing. For sleep deprived study, patient must stay awake the night before the test.

Patient Instructions Nebulizer Treatment: None.

Other Test(s) / Clinical Data / Instructions:

Blank lines for additional test or clinical data.

Physician Signature

Date/Time

All Out-Patients should report to Registration 30 minutes prior to testing. Patient must bring this order sheet with them. This order is only good for date / time stated. If unable to make this appointment, please call the number above. Out-Patient hours are Monday through Friday, 7:00am to 5:00 pm.

Physician Offices-
For the most updated form please visit
www.coffeeregional.org and
print from the "For Our Physicians" link.