



1950 E Wattles Rd STE 101A.Troy MI 48095

Phone (248)238-8374

Fax (248)243-8966

## **Pulmonary Function Testing**

Patient Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

DOB: \_\_\_\_\_

Ordering Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

### **Test Ordered:**

#### **Complete Pulmonary Function Test (94060,94726,94729)**

Including:

Spirometry(Pre and Post Bronchodilator)

Lung Volumes

Diffusion Capacity

#### **Spirometry(No Bronchodilator) (94010)**

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_

NPI: \_\_\_\_\_