



DT18123

# Children's Healthcare of Atlanta PULMONARY FUNCTION ORDER FORM

**Please check the preferred campus for testing**

Arthur M. Blank Campus       Scottish Rite Campus  
 2220 N Druid Hills RD NE      1001 Johnson Ferry Road NE  
 Atlanta GA 30329      Atlanta GA 30342  
 404-785-6290 office 404-785-9222 fax      404-785-2096 office 404-785-9222 fax

Name \_\_\_\_\_  
 Date of Birth-DOB \_\_\_\_\_  
 MRN# \_\_\_\_\_  
 Account/HAR# \_\_\_\_\_  
 PATIENT IDENTIFICATION

Parent Name: \_\_\_\_\_ Address: \_\_\_\_\_  
 Home Phone Number: \_\_\_\_\_ Work/cell number: \_\_\_\_\_  
 Ordering MD: \_\_\_\_\_ Ordering MD Phone Number: \_\_\_\_\_  
 Appointment Date/Time: \_\_\_\_\_ Diagnosis and ICD10 code: \_\_\_\_\_

- Simple Spirometry** CPT 94010
- Spirometry Pre & Post Bronchodilator (Bronchodilator must be indicated)** CPT 94060  
 Indicate Bronchodilator: \_\_\_\_\_ 4 puffs Albuterol MDI with Aerochamber or 5mg Albuterol via aerosol
- Complete PFT by plethysmography (Spirometry/ Lung Volumes)** CPT 94010 & 94726
- Complete PFT pre & post bronchodilator by plethysmography** CPT 94060 & 94726  
 (Spirometry/lung volumes/Airway resistance & post bronchodilator)  
 Indicate Bronchodilator: \_\_\_\_\_ 4 puffs Albuterol MDI with Aerochamber or 5mg Albuterol via aerosol
- Diffusing Capacity (DLCO)** CPT 94729
- Pulmonary Stress Test for Exercise Induced Bronchospasm (pt to wear tennis shoes and work out clothes)**  
 (Spirometry/lung volumes/Airway resistance/post bronchodilator/post Spirometry) CPT 94617 & 94726\*\*
- Simple Pulmonary Stress Test - 6 Minute Walk** CPT 94618\*\*
- Methacholine Challenge**-CPT 94070 WITHHOLD ALL ASTHMA MEDS & ANTIHISTAMINES 48 hours prior to test\*\*\*
- Pentamidine Therapy 300 mg via aerosol** CPT 94642 given monthly for \_\_\_\_\_ month (s) Patient to receive pre-bronchodilator therapy with 2.5mg Albuterol via aerosol or 4 puffs Albuterol via MDI
- Nitrogen Washout** (spirometry and gas dilution for determination of lung volumes including distribution of ventilation and closing volumes) CPT 94727 and 94010 (AMBH only)
- Indirect Calorimetry** (Oxygen uptake, expired gas analysis, REE at rest) CPT 94690 (AMBH only)

\*\* Please remind your patient to WEAR TENNIS SHOES and WORK-OUT CLOTHES \*\*

\*\*\* WITHHOLD ALL ASTHMA MEDICATIONS for 24 HOURS PRIOR to test.\*\*\*

PHYSICIAN SIGNATURE: \_\_\_\_\_ DATE/TIME: \_\_\_\_\_

PHYSICIAN Printed Name and Fax # for results \_\_\_\_\_