

Patient Information

Patient Name: _____ SSN: _____ DOB: _____
Sex: M F Address: _____ City: _____
State: _____ Zip: _____ Phone/Contact #: _____

Insurance Information

Patient Insured : Yes No Comments: _____
Primary Insurance: _____ Group #: _____ Policy #: _____
Subscriber Name: _____ SSN: _____ DOB: _____
Second Insurance: _____ Group #: _____ Policy #: _____
Subscriber Name: _____ SSN: _____ DOB: _____
Authorization Required: Yes No Authorization #(s): _____
Validity [Desc.]: _____ From [Date]: _____ To [Date]: _____

Physician Information

Ordering Physician Name: _____ Phone/Contact #: _____
Primary Physician Name: _____ Phone/Contact #: _____

Service Information

Diagnosis [Desc.]: _____
Diagnosis Code(s) [ICD9]: _____
Allergies: _____

DIAGNOSTIC PROCEDURES

- EKG <93005> Ambulatory Holter Monitor 24 Hour <93225, 93226, 93227>
- EEG <95816> Ambulatory Holter Monitor 48 Hours <93225, 93226, 93227>

DIAGNOSTIC PULMONARY FUNCTION TESTS

- Spirometry Pre (flow volume loop) without Bronchodilator <94375>
- Spirometry (flow volume loop) a & p (Albuterol 2.5mg/3ml unit dose) without interpretation <94060>
- Spirometry (flow volume loop) a & p (Albuterol 2.5mg/3ml unit dose) with interpretation <94060>
- PFT Complete Study a & p Bronchodilator (Albuterol 2.5mg/3ml unit dose) with Spirometry/Dlco/Plethysmography (lung volumes) <94060 & 94750 & 94720>
- Plethysmography (measures airway resistance) <94750>
- DLco (lung diffusion) <94720>
- FRC (functional residual capacity) <94240>
- N2 washout (will be done only if patient unable to do plethysmography) <94350>
- PFT Exercise Test with Pre and Post Spirometry (Albuterol 2.5mg/3ml unit dose) <94060 & 94620>
- Oximetry with Exercise Multiple Determinations <94761>
- ABG <36600> Other [Desc./CPT]

Authorized Signature

Ordering Physician Signature: _____ Date: _____