



Patient Name:	DOB:
Phone number:	Allergies:

RESPIRATORY OUTPATIENT

Fax this form and a cover sheet to 920.623.6469 and call to schedule 920.623.6466

Ordering Clinic: Please complete the demographic section, place a check mark by the desired procedure(s), and obtain signature from Ordering Provider.

DEMOGRAPHICS

Diagnosis:	ICD 10 Code:
Height:	Insurance:
Weight:	Ordering Provider:
BMI:	

PROCEDURES

Check to Order	Description	CPT	Epic Order Number
	Simple Spirometry (PFT A)	94010	RT112
	Spirometry Pre and Post Bronchodilator (PFT B) <ul style="list-style-type: none"> ▪ Albuterol HFA 90mcg 4 puffs once 	94060	RT160
	Complete PFT (PFT C)	94010 / 94726 / 94729	RT18
	Complete PFT Pre and Post Bronchodilator (PFT C) <ul style="list-style-type: none"> ▪ Albuterol HFA 90mcg 4 puffs once 	94060 / 94726 / 94729	RT144
	Arterial Blood Gas Draw	36600	LAB01269
	Hemoglobin Draw	85018	LAB2015
	Ambulatory Oximetry (Check for home O2 need, included O2 titration)	94761	RT50
	6 Minute Desaturation Walk (Walk on current FiO2, NO O2 TITRATION)	94618	RT166
	Nocturnal Desaturation Study (2 channel sleep oximetry)	94762	RT34
	Pulmonary Rehabilitation Referral (Without continuous pulse oximetry monitoring)	94625	PFT30

Provider Signature:	Date:
Phone Number:	Time:

Prairie Ridge Health Scheduling: Please fill out field below and provide a copy of order form to:

- Pharmacy RT

Procedure Scheduled for: Date: Time: MRN: