



Patient Name: _____	DOB: _____
Phone #: _____	Allergies: _____

RESPIRATORY OUTPATIENT

Ordering Clinic: Please complete demographic section, place a check mark by the desired procedure(s), obtain signature from Ordering Provider, secure and document prior authorization number for Nuclear Stress Tests.

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

Diagnosis:	ICD 10 Code:
Height:	Insurance:
Weight:	Ordering Provider:
BMI:	
94726/94750/94729 Complete Pulmonary Function Test <ul style="list-style-type: none"> • 94060 Albuterol HFA 90mcg 4 puffs once? <input type="checkbox"/> Yes <input type="checkbox"/> No • 00000 Hemoglobin? <input type="checkbox"/> Yes <input type="checkbox"/> No • 36600 Arterial Blood Gases? <input type="checkbox"/> Yes <input type="checkbox"/> No 	
94060 Simple Pulmonary Function Test (Pre & Post) <ul style="list-style-type: none"> • Albuterol HFA 90mcg 4 puffs once 	
94761 Ambulatory Oximetry (Check for need of home O2, includes O2 titration)	
94618 6 Minute Desaturation Study (Walk on current FiO2, NO O2 TITRATION)	
94762 2 channel Sleep Oximetry	
94625 Pulmonary Rehabilitation without continuous oximetry monitoring	

PROVIDER SIGNATURE: _____ **Date:** _____ **Time:** _____ **am/pm**

Phone #: _____

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

___ Pharmacy ___ Medical Imaging ___ RT

Procedure Scheduled for: **Date:** _____ **Time:** _____ **MRN** _____