



Lifespan

Delivering health with care.®

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Providence, RI 02904
Second Floor, Suite 11C
Phone: 401-793-7022
Fax: 401-793-7408

Pulmonary Function Testing

Please Fax to: **401-793-7408** Thank you.

PATIENT NAME (LAST, FIRST) _____ DOB _____ / _____ / _____

ADDRESS _____

PHONE Home _____ Cell _____ Work _____

May we leave a message stating the call is from "The Lifespan PFT Lab?" Yes No

PRIMARY INSURANCE _____ ID# _____

SECONDARY INSURANCE _____ ID# _____

REFERRING PROVIDER _____ PHONE _____ FAX _____

COPY OF REPORT TO _____ PHONE _____ FAX _____

DIAGNOSIS _____

REASON FOR TESTING _____

Is a translator needed? Yes No - If yes, language spoken _____

Any special requirements / considerations needed? Yes No If so, what? _____

Test(s) to be performed

- Complete PFT's including spirometry, MVV, lung volumes and diffusion capacity test
- Diffusion capacity
- Lung volumes
- Maximum inspiratory pressures & maximum expiratory pressures
- Pre and post spirometry
- Six minute walk test
- Bronchoprovocation testing (methacholine challenge)*
- Other: _____

REFERRING / ORDERING PROVIDER'S SIGNATURE _____

****Please give the patient the "methacholine challenge test—patient instructions" sheet.***