Dartmouth-Hitchcock
MEDICAL CENTER

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Section of Pulmonary and Critical Care Medicine

Referral Form
Pulmonary Function Lab

Today's Date:	DOB:	☐ Male ☐ Female
Patient's Name: Last	First	MI
Address:		
Home #:	Cell#:	Work#:

Referring Physician:		
Address:		
Office Phone:	Office Fax:	Contact Name:

Reason for Referral/Indication:

☐ Pulmonary Infiltrate
☐ Mediastinal Adenopathy
☐ Asthma
☐ Pulmonary Nodule(s)
☐ Hemoptysis
☐ Interstital lung disease
☐ COPD
☐ Dyspnea
☐ Other

Please check which tests you are ordering:

☐ PFT Basic Bundle (DLCO, Oximetry, Spirometry)
☐ Spirometry without bronchodilator
☐ Spirometry pre and post bronchodilator
☐ Pulse Oximetry - Resting
☐ Pulse Oximetry - Overnight
☐ Lung Volumes
☐ Mouth Pressures
☐ Home O2 Evaluation
☐ Carbon Monoxide Diffusing Capacity (DLCO)
☐ Bronchial Challenge with Methacholine
☐ 6 minute walk test
☐ High Altitude Simulation Test
☐ Check Pulse Oximetry while ambulating
☐ Shunt Study
☐ Cardiopulm Exercise Test (CPEX)
☐ Exercise Induced Asthma
☐ Exhaled nitric oxide

Suggestions for Ordering Pulmonary Function Tests:

**If you are uncertain of which to choose, please call the Administrative Offices at (603) 650-5533.

- **Dyspnea** – PFT Basic Bundle, check pulse oximetry while walking
- **COPD** – PFT Basic Bundle, check pulse oximetry while walking
- **Interstitial lung disease** - PFT Basic Bundle, Lung Volumes, Desaturation Screen
- **Pulmonary Infiltrate** – PFT Basic Bundle
- **Asthma** - Spirometry without bronchodilator, Nitric Oxide (Exhaled), Pulse Oximetry (resting)
- **Neuromuscular Disease** - Spirometry without bronchodilator, Mouth Pressures, Pulse Oximetry (resting)
- **Pulmonary nodule(s) or mass** - PFT Basic Bundle

Referring Physician Signature: _____