



REQUEST FORM

RESPIRATORY PHYSIOLOGY STUDIES

Patient Name: _____ Age/Sex: _____ Date of Birth: _____

Address: _____

Patient Phone No. (Home): _____ (Work): _____ Insurance: _____

Referring Physician: _____ Physician Telephone/Fax: _____

Date of Request: _____ Date Study Desired: _____

Physician Address _____

Diagnosis _____

History and Reason for Study _____

Please call (310) 222-3803 to schedule an appointment and mail/Fax this request form to the above address/fax number. Patients will be contacted and given directions to our facility with instructions regarding the study to be performed. A report will be sent by fax within one week with the chart documentary.

Cardiopulmonary Exercise Study

Exercise testing for the evaluation of dyspnea, assessment of exercise intolerance, return to exercise (Age>40), and fitness evaluation.

Includes:

Physician supervised graded exercise to symptomatic maximum with measurement of:

- Serial EKG and blood pressure
- Ventilatory rates and volumes
- Respiratory gas exchange (oxygen uptake and carbon dioxide output)
- Non-invasive pulse oximetry
- Report of exercise parameters, including maximal $\dot{V}O_2$ and anaerobic threshold.
- Study interpretation

Please provide recent Hb for exercise studies
[Hb] _____ Date _____

Exercise EKG

Graded exercise with serial 12 lead EKG and blood pressure measurements

Pulmonary Function Testing with report and interpretation

Spirometry includes:

- Slow vital capacity
- Forced vital capacity with timed measures and flow-volume loop
- MVV

Spirometry pre and post includes:

- Pre-bronchodilator spirometry
- Post bronchodilator forced vital capacity and flow-volume loop

Full Pulmonary Function Tests

Includes:

- Spirometry
- Total lung capacity by nitrogen washout
- Distribution of ventilation by single breath method
- Diffusing capacity by single breath method.

Please provide recent Hb for DLCO calculation:
[Hb] _____ Date _____

- ← Check here if post bronchodilator spirometry desired with full PFT