TEXAS PULMONARY & CRITICAL CARE CONSULTANTS, P.A.

PULMONARY TESTING REFERRAL

**** Please send this completed form, a copy of the front and back of current Insurance card(s), and list of current medications by fax to (817) 336-2159 ****

Reason for Referral: _____

Other Diagnoses: _____

Testing Requested:

- ❑ Spirometry
- ❑ Pre- and Post-bronchodilator Spirometry
- ❑ Carbon Monoxide Diffusing Capacity (DLCO)
- ❑ Lung Volumes
- ❑ Complete Pulmonary Function Tests
  Includes Pre- and Post-bronchodilator Spirometry, DLCO & Lung Volumes

Patient Information:

Last Name:_____ First Name/Middle Initial: _____
Address:_____ City/State/Zip: _____
Home Phone:_____ Sex: M F Marital Status: M S D W
Cell Phone:_____ SS#:_____ DOB: _____
Employer:_____ Phone: _____

Referring Doctor:_____ NPI: _____
Address:_____ City/State/Zip: _____
Phone:_____ Fax: _____
Specialty:_____ Office Contact: _____

Primary Care Physician:_____ NPI: _____
PCP Phone:_____ PCP Fax:_____

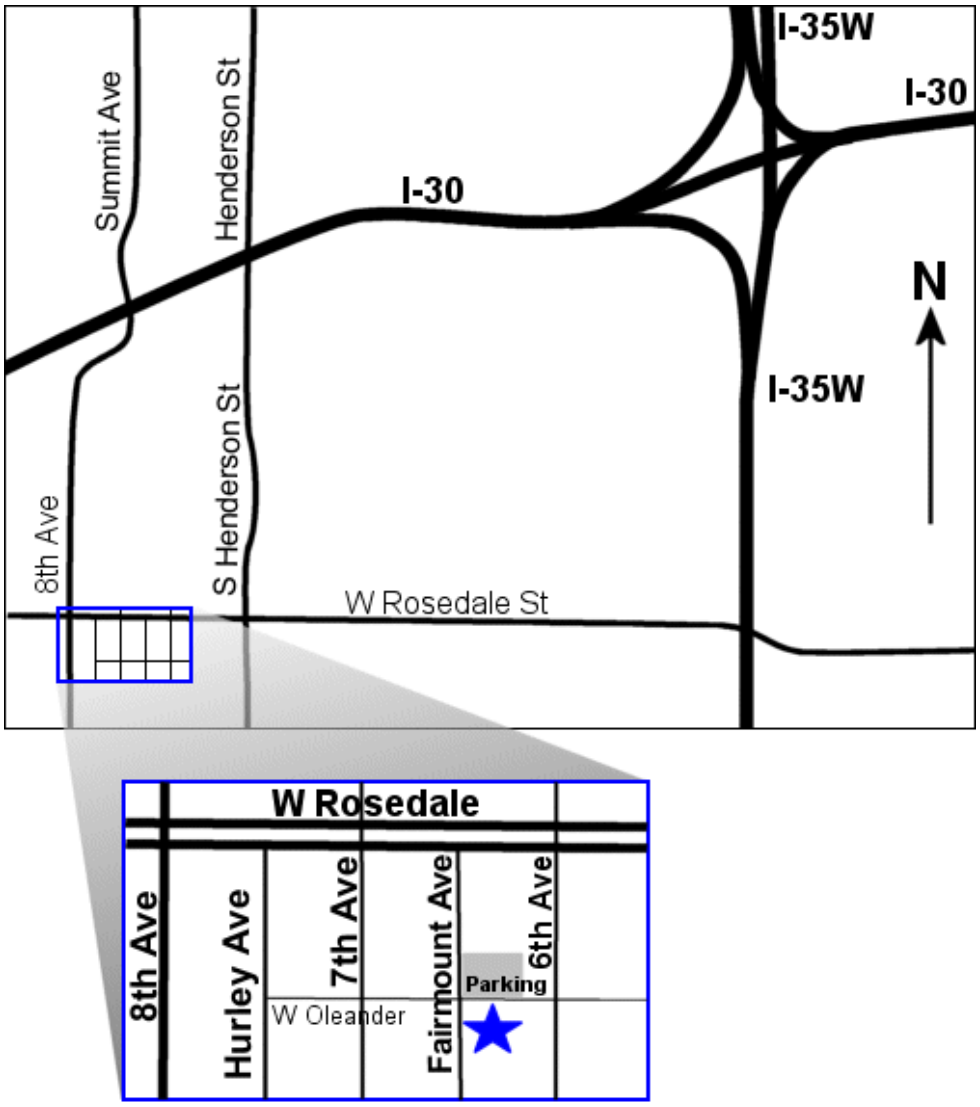
The patient will not be scheduled until a current referral is authorized, if applicable.
Otherwise, we will notify the patient of the appointment date and time.

_____ _____
Signature of Ordering Physician Date

Appointment Date: _____ Scheduled by:_____(Initials)

TEXAS PULMONARY & CRITICAL CARE CONSULTANTS, P.A.

1201 Fairmount Avenue
Fort Worth, TX 76104
817.335.5288



DIRECTIONS:

Heading North/Southbound on I-35W, take the W Rosedale Street exit. Head west on Rosedale. Drive approximately 18 blocks. You cannot turn left on Fairmount from Rosedale going west. Either turn left on 6th Avenue, then right on W Oleander Street, or make a U-turn on 8th Avenue and turn right on Fairmount. Park in the lot at the northeast corner of W Oleander Street and Fairmount, just north of our building.

East/Westbound I-30, exit Summit/8th Avenue. Turn south on Summit. (Summit becomes 8th Avenue.) Turn left on W Rosedale Street. Turn right on Fairmount Avenue. Park in the lot at the northeast corner of W Oleander Street and Fairmount, just north of our building.

Instructions for Pulmonary Function Testing

- **Do not use inhalers or nebulizer medication for four hours prior to your breathing test.** If you experience severe shortness of breath and feel you need to use your medication, do so and call the office. Please ask to speak with the staff in the Pulmonary Function Lab to inform them of your medication use.
- Do not drink any carbonated beverages or ingest caffeinated food or drink for at least three hours prior to testing.
- Avoid eating a heavy meal two hours before testing.
- **Do not smoke for at least three hours prior to the breathing test.**
- Do not drink alcohol for at least four hours before the test.
- Do not exercise 30 minutes before the test.
- Wear loose, comfortable clothing that does not restrict your breathing.
- Please inform the technician prior to testing if you have hearing loss or will need an interpreter on the day of your breathing test. If you are not fluent in English, please bring a translator with you on the day of the test.
- If you wear dentures, you will be asked to remove them during the test.
- If you experience any chest pain, pressure, discomfort or severe shortness of breath on the day of your test, please contact our office and ask to speak with the staff in the Pulmonary Function Lab. Your test may be canceled or delayed due to these symptoms or may be performed with the physician's consent.
- We do not allow children in the Pulmonary Function Lab. Please make arrangements for the care of your children while you are away.
- You will be asked to empty your bladder before the procedure to optimize comfort.

If you have any questions, please call our office at **817-335-5288** and ask to speak with the staff in the Pulmonary Function Lab.

Patient Name: _____

Testing Date and Time: _____