



Women's Medicine Collaborative*

A Lifespan Partner

BY WOMEN. FOR WOMEN.™

146 West River Street
Providence, RI 02904
Second Floor ~ Suite 11C
Phone: 401-793-5700
Fax: 401-793-7408
WomensMedicine.org

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 Women's Medicine Collaborative 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? No Yes - Language Spoken: _____

Any special requirements/considerations needed? No Yes: _____

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.