



Desert
Pulmonary & Sleep
Consultants, PLC

2730 S. VAL VISTA DRIVE, SUITE 155
GILBERT, AZ 85295
SCHEDULE (LISA): 480.917.6798
FAX: 480.247.8109

PULMONARY FUNCTION TESTING ORDER FORM

PATIENT NAME (LAST, FIRST):			DOB:		
HOME PHONE:		WORK PHONE:		CELL PHONE:	
PRIMARY INSURANCE:			SECONDARY INSURANCE:		
AUTH NEEDED? <input type="checkbox"/> Y <input type="checkbox"/> N		AUTH#:		CONTACT:	
REFERRING PHYSICIAN:			OFFICE CONTACT:		
OFFICE PHONE:			FAX:		
					FOR INTERNAL USE ONLY WA HG PB (read only)

* PULMONARY *	(DESCRIPTION)
<input type="checkbox"/> CONSULTATION AND TREATMENT	Comprehensive pulmonary evaluation and treatment as indicated.
<input type="checkbox"/> COMPLETE PULMONARY FUNCTION STUDY	Spirometry with pre/post bronchodilator (as indicated); lung volumes and capacities, diffusing capacity (DLCO).
<input type="checkbox"/> SPIROMETRY ONLY (FLOW-VOLUME LOOP) [94010/94060]	Including FVC & FEV ₁ with pre/post bronchodilator as indicated.
<input type="checkbox"/> SIX MINUTE WALK TEST [94620]	For exercise induced dyspnea.

ADDITIONAL COMMENTS:

PLEASE FAX THIS FORM WITH ORDERING PHYSICIAN SIGNATURE TO 480-247-8109 ALONG WITH COPIES OF CURRENT H&P OR PROGRESS NOTES, RESPONSIBLE PARTY INSURANCE CARD AND CURRENT DEMOGRAPHICS.

PHYSICIAN SIGNATURE: _____ DATE: _____

■ Paul R. Barnard MD
Diplomate
The American Boards of Internal Medicine, Pulmonary Disease and Sleep Medicine

■ Thomas J. Slobig MD
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■ Harmeet S. Gill MD
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■ Amy E. Bohan MD
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■ Wahaj Ahmed MD
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■ Jamie Black PA
PA-C
Certified Physician Assistant



THANK YOU FOR THE REFERRAL!

Desert Pulmonary & Sleep Consultants Sleep & Diagnostic Center is fully accredited by the American Academy of Sleep Medicine (AASM)

{shl 10-15 v.lla}