


PULMONARY SERVICES PHYSICIAN PRESCRIPTION

Please mark facility where service(s) is (are) to be performed:

- Munson Medical Center (MMC) Main Lobby **231-935-6371**, fax: 231-935-3203
 Kalkaska Memorial Health Center (KMHC) - Lower Level, Scheduling Department **231-258-7533**
 Paul Oliver Memorial Hospital (POMH) - Main Lobby, Scheduling Department **231-352-2260**
 Munson Community Health Center (MCHC) - **231-935-6371**
 West Shore Medical Center (WSMC) - Main Lobby, Pulmonary Function **231-398-1114**, Pulmonary Rehab **231-398-1145**

Patient Name _____ Phone Number _____

Appointment Date _____ Appointment Time _____ am pm

Billing Diagnosis _____ Date of Birth _____

*****PLEASE SEE PATIENT INSTRUCTIONS ON BACK FOR PULMONARY FUNCTION TESTS ONLY*****
PULMONARY FUNCTION LAB

 The following tests can be done at **MMC, KMHC, POMH, and WSMC** (unless otherwise noted):

- Complete PFT - spirometry, lung volumes, diffusion
- Post Testing Complete PFT - *patient to take inhalers as usual*
- Spirometry
- Post Testing Spirometry - *patient to take inhalers as usual*
- Lung Volumes and Diffusion
- Spirometry and Diffusion
- Airway Mechanics
- Spirometry with Methacholine Challenge (16 years and older, MMC, KMHC only)
- Complete PFT with Methacholine Challenge (16 years and older, MMC, KMHC only)
- Muscle Force Studies (MMC only)
- Exercise Challenge Study (MMC only)
- Hemoglobin draw on day of PFT testing
- Pentamidine Treatment 300 mg monthly for _____ months (MMC and WSMC only)

RESPIRATORY CARE/PULMONARY REHABILITATION at KMHC, MCHC, MMC, POMH, & WSMC
Limited same day testing available at certain locations. Please call ahead for appointment.

- | | |
|--|---|
| <input type="checkbox"/> Home Oxygen Qualification | <input type="checkbox"/> Pulmonary Rehabilitation Referral |
| <input type="checkbox"/> Home O2 Re-qualification (Medicare only yearly) | <input type="checkbox"/> Acapella Instruction (mucus clearing device) |
| <input type="checkbox"/> O2 titration with ambulation: for patients already on O2. | <input type="checkbox"/> COPD Education (Better Breathing classes) |
| <input type="checkbox"/> Oxygen Conserving Device Evaluation | <input type="checkbox"/> Asthma Education (MMC only) |
| | <input type="checkbox"/> Six minute walk |

By ordering Pulmonary Rehabilitation per protocol, you are giving permission for the necessary testing that needs to be completed prior to initiation of the program. These tests may include: ABG's (room air), CBC, CXR (PA & Lateral), Resting EKG, Complete PFT, Theophylline level, and a Pulmonary Rehabilitation Exercise Test if not completed in the previous year.

I verify I have reviewed the patient's current medications and authorize delivery of the medication to be given with the above test ordered.

PATIENT ID LABEL

Physician Signature _____ Date _____
 Printed Physician's Name _____

PATIENT INSTRUCTIONS FOR PULMONARY FUNCTION TESTING ONLY

1. Bring this form with you and report 15 minutes prior to testing.
2. Please bring a list of all your medications you are taking, including inhalers.
3. NO SMOKING FOR 12 HOURS PRIOR TO TESTING.
4. No heavy exercise prior to testing.
5. You may eat a light meal prior to testing.
6. Test may take up to 1.5 hours to complete.
7. See list and times to hold inhalers or nebulized meds, take all other medications as ordered.

DO NOT TAKE THE FOLLOWING MEDICATIONS:

Hold for 6 hours prior to test

Albuterol (Ventolin, Proventil, Proair)
 Alvesco
 Asthmacort
 Asthmanex
 Atrovent
 Combivent
 Duo-neb
 Flovent
 Intal
 Maxair
 Pulmicort
 QVar
 Xopenex (Levalbuterol HCL)
 Turdorza Pressair

Hold for 24 hours prior to test

Advair
 Arcapta
 Arnoro Ellipta
 Arnuity Ellipta
 Breo Ellipta
 Brovana
 Daliresp
 Dulera
 Foradil
 Incruse Ellipta
 Performomist
 Serevent
 Spiriva
 Symbicort

METHACHOLINE OR EXERCISE CHALLENGE STUDIES

Follow the above instructions in addition to:

1. No caffeine for 4 hours prior to testing.
2. Notify the Pulmonary Lab if you develop a cold within 3 weeks prior to your appointment.
3. Methacholine Challenge studies may take up to 2 hours to complete.
4. Not done on children under 16 or pregnant women.
5. If you are currently taking prednisone, please call the lab at 935-6096 for special instructions. MMC / KMHC
6. Bring or wear comfortable shoes to exercise in if you are scheduled for an Exercise Challenge Study.

DO NOT TAKE THE FOLLOWING MEDICATIONS:

Hold for 8 hours prior to test

Albuterol (Ventolin, Proventil, Proair)
 Alvesco
 Asthmacort
 Asthmanex
 Atrovent
 Combivent
 Duo-neb
 Flovent
 Intal
 Maxair
 Pulmicort
 QVar
 Xopenex (Levalbuterol HCL)
 Turdorza Pressair

Hold for 48 hours prior to test

Advair
 Arcapta
 Arnoro Ellipta
 Arnuity Ellipta
 Breo Ellipta
 Brovana
 Daliresp
 Dulera
 Foradil
 Incruse Ellipta
 Performomist
 Serevent
 Spiriva
 Symbicort

IF YOU HAVE ANY QUESTIONS REGARDING YOUR TEST PLEASE CALL 231-935-6371