



**CARDIOPULMONARY DIAGNOSTICS**

**Phone Number: (860) 545-9447**

**Fax Number: (860) 837-7614**

\*PLEASE ATTACH PATIENT DEMOGRAPHICS/INSURANCE INFORMATION & LAST VISIT NOTE TO EXPEDITE SCHEDULDING.\*

Patient Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Diagnosis/Symptoms: \_\_\_\_\_  
 \_\_\_\_\_

Ordering Physician: \_\_\_\_\_ Physician Signature: \_\_\_\_\_

Physician Phone: \_\_\_\_\_ Physician Fax: \_\_\_\_\_

**Please Check Procedure Requested-If you are not sure what to order , please call us to discuss.**

<input type="checkbox"/>	<b>SPIROMETRY:</b> Check for asthma or other obstructive airway diseases (Ages 6+)
<input type="checkbox"/>	<b>POST BRONCHODILATOR:</b> 4 puffs Albuterol with spacer to see if there is reversibility (for asthma)
<input type="checkbox"/>	<b>COMPLETE PULMONARY FUNCTION TEST(CPFT):</b> Check for restrictive lung disease (Ages 8+)
<input type="checkbox"/>	<b>SINGLE BREATH DLCO:</b> Check the diffusing capacity of the lung for carbon monoxide
<input type="checkbox"/>	<b>FENO:</b> Checks for inflammation in some types of asthma
<input type="checkbox"/>	<b>CAR SEAT TESTING:</b> Report oxygen saturation and heart rate obtained by pulse oximetry
<input type="checkbox"/>	<b>PULSE OXIMETRY:</b> Non-invasive analysis of oxygen saturation
<input type="checkbox"/>	<b>EXTENDED PULSE OXIMETRY:</b> Non-invasive analysis of oxygen saturation at rest and stress
<input type="checkbox"/>	<b>AIRWAY CLEARANCE TEACH:</b> Instructions on techniques to improve clearance of mucus/secretions
<input type="checkbox"/>	<b>SIX MINUTE WALK TEST:</b> Provide a baseline for monitoing endurance-not a true "exercise test"
<input type="checkbox"/>	<b>MEP/MIP/PEAK COUGH:</b> Evaluate thoracic muscle strength and cough effectiveness
<input type="checkbox"/>	<b>EXERCISE CHALLENGE TEST:</b> Check for exercise induced asthma (includes spiometry test)
<input type="checkbox"/>	

We are able to do additional testing on request, please reach out to us with any questions.

We are happy to help you select the appropriate test or discuss other testing options.

ADDITIONAL COMMENTS: \_\_\_\_\_  
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