Rev 2/2022

Dartmouth-Hitchcock
MEDICAL CENTER

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Section of Pulmonary and Critical Care Medicine Pulmonary Function Lab Referral

Today's Date:	**DOB:**	**Pref Gender:**
Patient's Name: Last	**First**	**MI**
Address:		
Home phone:	**Mobile:**	**Work:**
Referring Physician:		
Address:		
Office Phone:	**Office Fax:**	**Contact Name:**

Reason for testing: □ Dyspnea □ Wheezing □ Cough □ Asthma □COPD □Interstitial lung disease □ Other:

Suggested Initial Tests for Common Problems

Dyspnea – PFT Basic Bundle, Pulse oximetry while ambulating
Wheezing, Cough or Asthma - Spirometry without bronchodilator
COPD – PFT Basic Bundle, Pulse oximetry while ambulating
Interstitial lung disease - PFT Basic Bundle, Pulse oximetry while ambulating
Neuromuscular Disease - Spirometry without bronchodilator, Mouth Pressures, Pulse Oximetry (resting)

Basic Tests

□ **PFT Basic Bundle (Spirometry, DLCO, Resting Oximetry)**
□ **Pulse Oximetry – While ambulating**
□ **Spirometry without Bronchodilator**
□ **Spirometry Pre- and Post-bronchodilator**
□ **Diffusing Capacity (DLCO)**
□ **6-minute walk test** (Exercise test for assessing functional limitation in pulmonary and cardiac disease)
□ **Lung Volumes** (For further evaluation of restriction or air trapping, not indicated in most patients)

Oximetry

□ **Pulse Oximetry – Resting**
□ **Pulse Oximetry – While ambulating**
□ **Home Oxygen Evaluation**
□ **Pulse Oximetry – Overnight** (NOT a suitable screening test for OSA)
□ **High Altitude Simulation Test** (Intended for evaluating need for supplemental oxygen for air travel. Generally not indicated for patients with resting saturation of 95% or higher.)

Adjunctive Tests for Asthma

□ **Exhaled nitric oxide** (may not be covered by some payors)

□ **Bronchial Challenge with Methacholine** (Test will not be performed in patients with baseline obstruction OR FEV1 or FVC less than 60% predicted. This test is most appropriate for ruling out asthma in patients with typical asthma symptoms with normal baseline spirometry who have not responded to guideline-based asthma therapy including inhaled steroids.)

□ **Exercise Induced Asthma** (Patient will need to be able to run on a 12% gradient for 15 minutes for adequate test.)

Tests of Respiratory Muscle Function

□ **Mouth Pressures** (MIP/MEP)
□ **Spirometry seated and supine**

Specialized Tests

□ **Cardiopulmonary Exercise Test** (Generally ordered by Cardiologists or Pulmonologists as part of transplant evaluation or as a final step on extensive but negative evaluation of dyspnea. This is a *low-yield* test for identification of sources of dyspnea in most patients including those with history of COVID-19 and is not an appropriate first line test for evaluation of dyspnea in patients with high pre-test probability of coronary artery disease. Patient must be able to use a stationary cycle or treadmill and tolerate a tight-fitting mask. May not be covered by some payors.)

□ **Oxygen Shunt Study** (Determination of shunt fraction)

Referring Provider Signature: _____Date_____