



KLICKITAT VALLEY HEALTH

Respiratory Therapy & Pulmonology Order Form

Pulmonary Function Testing • Home Sleep Apnea Testing • EKG • Pulmonology Clinic

Phone: 509-773-1031 •
Fax: 509-773-3354

PATIENT INFORMATION:

Patient name: _____ DOB: _____ MRN: _____

Phone: _____ Height: _____ Weight: _____

Allergies: _____

Order start date: _____ Expiration date: _____

PULMONARY FUNCTION TESTING (PFT):

- | | |
|---|---|
| ☐ Spirometry | ☐ Spirometry pre/post bronchodilator* |
| ☐ Diffusion capacity (DLCO)** | ☐ Lung volume measurements |
| ☐ Complete PFT (spirometry pre/post + DLCO + lung volumes) | ☐ Methacholine challenge*** |
| ☐ Maximal voluntary ventilation (MVV) | ☐ MIP/MEP (maximal inspiratory/expiratory pressures) |

*Pre/post requires bronchodilator medication below. **DLCO requires spirometry. ***Methacholine challenge requires methacholine and albuterol/Xopenex below.

MEDICATION ORDER FOR PFT (SELECT AS APPLICABLE):

- | | |
|---|--|
| ☐ Albuterol 2.5 mg/3 mL nebulizer solution | ☐ Provocholine Solution (Methacholine challenge only) |
|---|--|

ADDITIONAL TESTING & PROCEDURES:

- | | |
|--|---|
| ☐ Six-minute walk test (6MWT) | ☐ Oxygen titration |
| ☐ Arterial blood gas (ABG) | ☐ Fractional exhaled nitric oxide (FeNO) |
| ☐ Home sleep apnea testing (HSAT) | ☐ 12-lead ECG/EKG |

Diagnosis / ICD-10 code(s): _____

ORDERING PROVIDER / FACILITY

Ordering facility: _____

Provider name: _____

Provider signature: _____ Date: _____

Provider NPI: _____ Phone: _____ Fax: _____

License state: _____ License number: _____