



PULMONARY TESTING

Name: _____ DOB: _____ Ordering Physician: _____

Date: _____ Time: _____

*****Please note that all testing is done in our Norwich Office unless specified*****

If you are sick with respiratory symptoms, please contact the office as we are unable to perform testing unless advised by a physician.

Pulmonary Function Testing:

_____ Spirometry Only (FVC, SVC, MVV)

_____ Spirometry Only Pre/Post Bronchodilator (FVC, SVC, MVV)

_____ Complete Pulmonary Function Test (FVC, SVC, MVV, RAW, DLCO)

_____ Complete Pulmonary Function Test Pre/Post Bronchodilator (FVC, SVC, MVV, RAW, DLCO)

_____ Exercise Complete Pulmonary Function Test Pre/Post Bronchodilator (FVC, SVC, MVV, RAW, DLCO)

Directions:

1. Please **DO NOT** use the following medications **FOUR (4)** hours prior to test:
 - a. Albuterol Inhalers: Xopenex, ProAir, Proventil, Maxair, Ventolin, Combivent
 - b. Nebulizer Solutions: Albuterol, Xopenex, Duoneb, Ipratropium Bromide, Atrovent, Brovana
 2. Please **DO NOT** smoke **TWO (2)** hours prior to test.
 3. Please avoid eating a large meal prior to test.
 4. If you are sick with a respiratory infection, please contact the office as we are unable to perform the test unless advised by a physician.
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Exercise Oximetry:

_____ Without Oxygen

_____ With Oxygen (_____ LPM)

_____ Other: _____

6 Minute Walk Testing:

_____ Without Oxygen

_____ With Oxygen (_____ LPM)

_____ With and Without Oxygen (_____ LPM)

Directions:

1. **If you have portable oxygen, please bring it with you.**
2. You may take all medications as prescribed.
3. Please wear comfortable walking shoes or sneakers.

Our office reserves the right to charge \$75.00 for pulmonary testing appointments not kept or cancelled in less than twenty-four (24) hours.