



Children's Health Pulmonary Function Lab

Dallas: Located in Children's Health Pavilion, F5136 • 2350 N. Stemmons Frwy, Dallas, TX 75207 • 214-456-3893 • Fax 214-456-5701
Plano: Located in Specialty Center 1, P1100 • 7609 Preston Rd., Plano, TX 75024 • 469-303-4200 • Fax 469-303-4225

Pulmonary Function Lab Outpatient Order Sheet

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Parent/Guardian: \_\_\_\_\_ Patient contact phone #: \_\_\_\_\_
Preferred Language: \_\_\_\_\_ Diagnosis: \_\_\_\_\_ IDC 10: \_\_\_\_\_

\*Please include a demographic sheet and insurance information\*
\*\*\*\*\*You must select appropriate test AND circle a medication if it is listed\*\*\*\*\*
\*\*\*\*For children under 5 years old, please refer to Pulmonary clinic\*\*\*\*

The following tests are available at both the Dallas & Plano lab locations:

- Spirometry/O2 saturation (no bronchodilator)
Spirometry with bronchodilator if indicated/ O2 sat.
Testing medication: you must CIRCLE either Albuterol 2.5 mg or Xopenex 0.63 mg
Spirometry with bronchodilator regardless of indication/O2 sat.
Testing medication: you must CIRCLE either Albuterol 2.5 mg or Xopenex 0.63 mg
Exhaled Nitric Oxide- Airway inflammation testing
Obstructive disease panel- includes
Restrictive disease panel- includes
Neuromuscular disease panel - includes
Simple Neuromuscular disease testing
Body box (Lung volumes)
Diffusing capacity for carbon monoxide (DLCO)/ must include Spirometry (no bronchodilator)
Respiratory muscle strength testing (MIP/MEP)/ O2 Sat
Six-minute walk test

The following tests are only available at the Dallas Lab location:

- Broncho-provocation challenge /Methacholine - Medication for reversal: CIRCLE either Albuterol 2.5 mg or Xopenex 0.63 mg
Simple Exercise/ Treadmill provocation - Medication for reversal: CIRCLE either Albuterol 2.5 mg or Xopenex 0.63 mg
Complex Cardiopulmonary Exercise with Metabolic testing
Broncho-provocation challenge /Cold air - Medication for reversal: CIRCLE either Albuterol 2.5 mg or Xopenex 0.63 mg

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_
Physician Printed Name: \_\_\_\_\_
Physician Phone Number: \_\_\_\_\_ Physician Fax Number: \_\_\_\_\_

Please fax completed form to 214-456-5701 (DALLAS LAB) or 469-303-4225 (PLANO LAB) along with a patient demographic sheet. We will call the patient to schedule the appointment. Please contact our main Dallas lab at 214-456-3893 if you have any questions about which test(s) are most appropriate for your patient.