

**TEXAS PULMONARY & CRITICAL CARE CONSULTANTS, P.A.
TREATMENT AND RESEARCH CENTER**

PULMONARY TESTING REFERRAL

**** Please send this completed form, a copy of the front and back of current insurance card(s), and list of current medications by fax to (817) 336-2159 or by email to pft@tpccc.com****

Reason for Referral: _____

Other Diagnoses: _____

Testing Requested:

- | | |
|--|--|
| <input type="checkbox"/> Spirometry | <input type="checkbox"/> Pre- and Post-bronchodilator Spirometry |
| <input type="checkbox"/> Carbon Monoxide Diffusing Capacity (DLCO) | <input type="checkbox"/> Lung Volumes |
| <input type="checkbox"/> Complete Pulmonary Function Tests | |
- Includes Pre- and Post-bronchodilator Spirometry, DLCO & Lung Volumes*

Patient Information:

Last Name: _____ First Name/Middle Initial: _____
 Address: _____ City/State/Zip: _____
 Home Phone: _____ Sex: M F Marital Status: M S D W
 Cell Phone: _____ SS#: _____ DOB: _____
 Employer: _____ Phone: _____

Referring Doctor: _____ NPI: _____
 Address: _____ City/State/Zip: _____
 Phone: _____ Fax: _____
 Specialty: _____ Office Contact: _____

Primary Care Physician: _____ NPI: _____
 PCP Phone: _____ PCP Fax: _____

*The patient will not be scheduled until a current referral is authorized, if applicable.
 Otherwise, we will notify the patient of the appointment date and time.*

 Signature of Ordering Physician

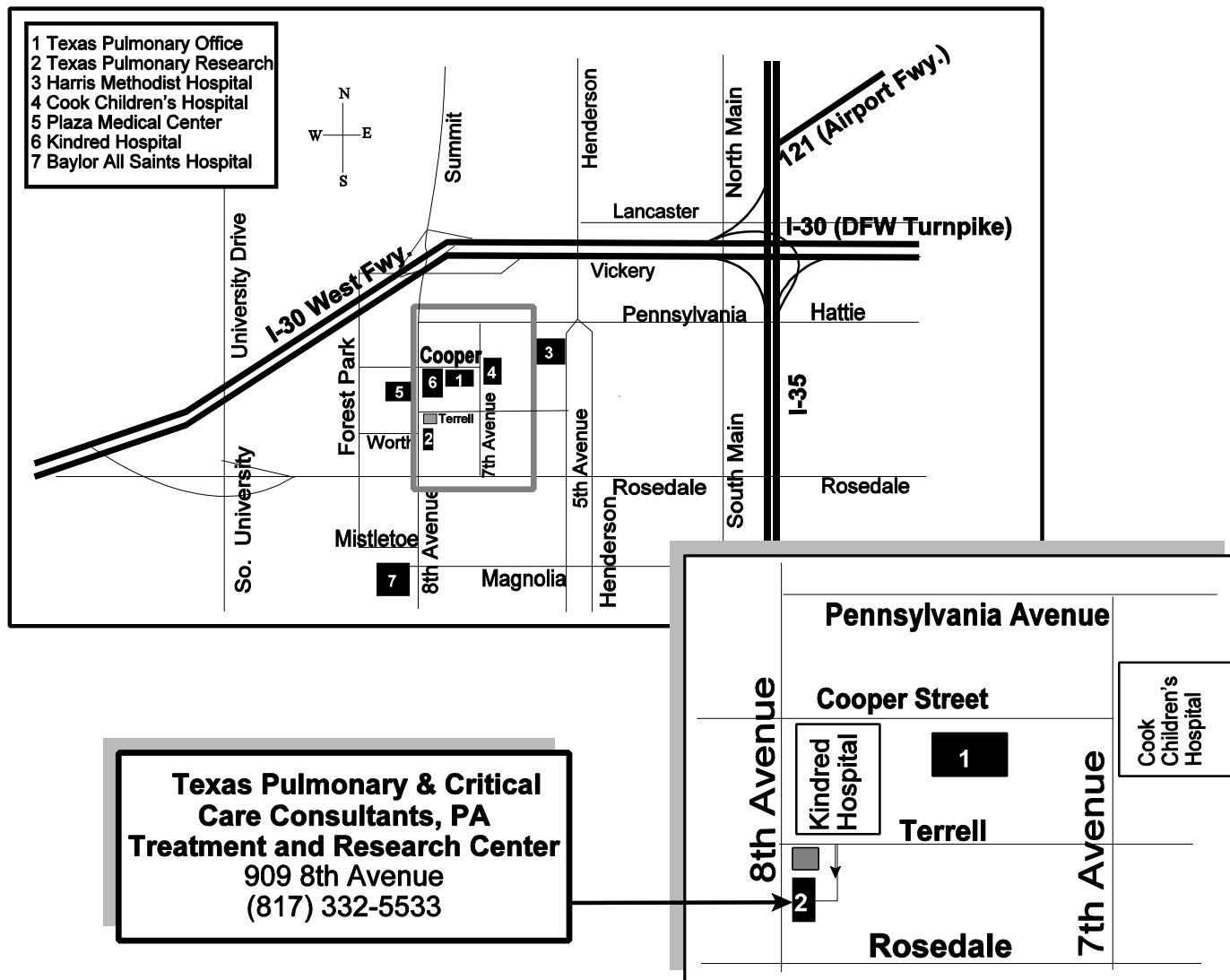
 Date

Appointment Date: _____

Scheduled by: _____ (Initials)



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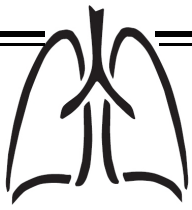


DIRECTIONS TO TREATMENT AND RESEARCH CENTER:

Westbound I-30, exit Summit/8th Avenue. Turn left on Summit. (Summit becomes 8th Avenue.) Turn left on Terrell Street. Turn into the first parking lot on the right and park. Enter at the glass door in the back of the building. Ring the door bell if the door is locked. The Treatment and Research Center is the fourth door on the right after you enter through the glass door.

Eastbound I-30, exit Summit/8th Avenue. Turn right on Summit. (Summit becomes 8th Avenue.) Turn left on Terrell Street. Turn into the first parking lot on the right and park. Enter at the glass door in the back of the building. Ring the door bell if the door is locked. The Treatment and Research Center is the fourth door on the right after you enter through the glass door.

I-35W Northbound/Southbound, take the I-30 West exit. Exit Summit/8th Avenue. Turn left at the light. (Summit becomes 8th Avenue.) Turn left on Terrell Street. Turn into the first parking lot on the right and park. Enter at the glass door in the back of the building. Ring the door bell if the door is locked. The Treatment and Research Center is the fourth door on the right after you enter through the glass door.



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Instructions for Pulmonary Function Testing

- ◆ **Do not use inhalers or nebulizer medication for four hours prior to your breathing test.** If you experience severe shortness of breath and feel you need to use your medication, do so and call the office. Please ask to speak with the staff in the Pulmonary Function Lab to inform them of your medication use.
- ◆ Do not drink any carbonated beverages for four hours prior to testing.
- ◆ Avoid eating a heavy meal two hours before testing.
- ◆ **Do not smoke for two hours prior to the breathing test.**
- ◆ Do not drink alcohol for at least four hours before the test.
- ◆ Do not exercise 30 minutes before the test.
- ◆ Wear loose, comfortable clothing that does not restrict your breathing.
- ◆ Please inform the technician prior to testing if you have hearing loss or will need an interpreter on the day of your breathing test. If you are not fluent in English, please bring a translator with you on the day of the test.
- ◆ If you wear dentures, you will be asked to remove them during the test.
- ◆ If you experience any chest pain, pressure, discomfort or severe shortness of breath on the day of your test, please contact our office and ask to speak with the staff in the Pulmonary Function Lab. Your test may be canceled or delayed due to these symptoms or may be performed with the physician's consent.
- ◆ We do not allow children in the Pulmonary Function Lab. Please make arrangements for the care of your children while you are away.
- ◆ You will be asked to empty your bladder before the procedure to optimize comfort.

If you have any questions, please call our office at **817-332-5533** and ask to speak with the staff in the Pulmonary Function Lab.

Patient Name: _____

Testing Date and Time: _____