

Request for Pulmonary Function Testing

Fax to: 804-827-1543

Patient name:		Date requested:	
DOB:		Diagnosis:	
VCU Health medical record number:		Outside provider medical record number:	
Physician's name: (please print)		Physician's signature:	

- ☐ **Spirometry with flow-volume loop** – without bronchodilator
- ☐ **Spirometry with flow-volume loop** – with bronchodilator regardless of FEV1/FVC ratio (choose 1 medication below)
 - ☐ 2.5 mg/3 mL albuterol via nebulizer
 - ☐ 0.63 mg/3 mL levalbuterol via nebulizer
 - ☐ 1.25 mg/3 mL levalbuterol via nebulizer
- ☐ **Lung volumes** – measure only if vital capacity is less than normal (<80% predicted)
- ☐ **Lung volumes** – measure regardless of vital capacity
- ☐ **Diffusion capacity**
- ☐ **Static muscle pressures**

Special precautions/comments/instructions:

Include patient demographic information with request.