

Respiratory Care Services

Ambulatory Care Center of Harford County
520 Upper Chesapeake Drive
Bel Air, MD 21014
Phone: 443-643-3750 Fax: 443-643-1901

Harford Memorial Hospital
501 South Union Avenue
Havre de Grace, MD 21078
Phone: 443-843-5274 Fax: 443-843-8907

DATE: _____	Diagnosis (REQUIRED) _____
Patient's Name _____	Reason for Testing _____
Patient's DOB _____	ICD 10 (REQUIRED) _____
Ordering Physician _____	Office Fax # _____
Office Address _____	Office Phone # _____
	Copy of Report to: _____

Please send this request with patient, or fax it to Schedule First (443-843-7018). This form may be used as the patient's prescription. All tests must be scheduled with Upper Chesapeake Health by placing one phone call to ScheduleFirst with the exception of Cardiopulmonary Exercise Testing. This test must be scheduled with the Department by calling 443-643-3750. Call for an appointment and receive pre-testing instructions.

ScheduleFirst
443-843-7000 or 800-301-4799
Appointment Date: _____ Day: _____ Time: _____ a.m./p.m.

Please check test(s) requested:

- 1. Complete Pulmonary Function Test includes:**
Spirometry pre and post with bronchodilator (BD)
(Note: A bronchodilator will not be given if the FEV₁/FVC is \geq 95% of predicted and Two puffs Albuterol with spacer will be given as BD unless otherwise indicated below.)
Lung Volumes with Airway Resistance
MVV
Diffusion Capacity
- 2. Spirometry without Bronchodilator (BD)**
- 3. Spirometry pre and post BD** (2 puffs Albuterol will be given as BD unless otherwise indicated below.)
(Note: A bronchodilator will not be given if the FEV₁/FVC is \geq 95% of predicted.)
- 4. Lung Volumes by Plethysmography with Airway Resistance (Ambulatory Care Center only)**
At ACC Body Plethysmography will be performed unless otherwise indicated. If patient cannot tolerate this method, testing will be done by nitrogen washout.
- 5. Lung Volumes by Nitrogen Washout Method**
At HMH, lung volumes will be performed by nitrogen washout method.
- 6. MVV**
- 7. MIP/MEP**
- 8. Indirect Calorimetry**
Please note that this procedure cannot be performed for patients who require continuous oxygen.
- 9. Pulse Oximetry** on _____ LPM _____ Room Air _____ w/Ambulation
- 10. 6 Minute Walk** on _____ LPM _____ Room Air
- 11. Arterial Blood Gases:** on _____ LPM _____ Room Air
- 12. Cardiopulmonary Exercise Test (Ambulatory Care Center only)** *Schedule with department 443-643-3750*

Special instructions: _____
Physician's Signature: _____