

LYNCHBURG PULMONARY ASSOCIATES  
2011 Tate Springs Road  
Lynchburg, VA 24501  
Telephone 434-947-3963  
Fax 434-947-5935 – **Attention: Nita**

Patient's Name \_\_\_\_\_ DOB \_\_\_\_\_

Patient's telephone number \_\_\_\_\_

Ordering Physician's Name \_\_\_\_\_

PULMONARY FUNCTION TEST

- Simple Spirometry (PFT only)
- Spirometry with Lung Volumes and DLCO (Complete)
- Methacholine Challenge Test

*PATIENT INSTRUCTIONS*

1. Do not use inhaled bronchodilators 6 hours prior to test time.
2. Do not smoke 2 hours prior to the test time.
3. Bring current list of medications.
4. You can expect to spend up to 1 hour depending on the test and work load.
5. Your report will be interpreted by a Pulmonologist then faxed to the ordering physician.  
Your physician will advise you of the results.
6. Please bring all insurance information with you. Payment will be required at time of service.

**INDICATION FOR PROCEDURE** \_\_\_\_\_  
(signs, symptoms, or diagnosis)

**ORDERING PHYSICIAN SIGNATURE** \_\_\_\_\_

For Office Use:

DATE OF PROCEDURE \_\_\_\_\_

TIME \_\_\_\_\_

**\*\*\*PLEASE FAX DEMOGRAPHIC PAGE WITH ORDER\*\*\***