



# Referral for Pulmonary Function Testing

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**ORDER FORM AND DEMOGRAPHICS PAGE SHOULD BE FAXED TO:**

**(434) 665-0281 – ATTN: PFT Scheduling**

*\*\*Please note this fax number is to be used for Pulmonary Function Test Referrals only!  
New Patient Referrals should be sent to our main fax: (434) 947-5935\*\**

*If you have any questions or need immediate assistance with scheduling,  
please call: **(434) 947-3963 (EXT. 202)***

**Ordering Physician must specify which type of procedure they would like performed:**

- 20 min ( ) – Simple Spirometry PFT – Forced + Slow Vital Capacities only**
- 40 min ( ) – Pre & Post-Bronchodilators PFT – Simple Spirometry (x2)**
- 40 min ( ) – Complete PFT – Spirometry, Full Lung Volumes, DLCO**
- 80 min ( ) – Methacholine Challenge Test (MCT) – Rule-Out Asthma**

**PATIENT INSTRUCTIONS:**

1. Do not use inhaled bronchodilators six hours prior to your scheduled test time.
2. Avoid smoking two hours prior to your scheduled test time.
3. Bring a complete list of your current medications, along with ID and insurance information. Payment, if necessary, will be required at time of service.
4. Expect the procedure to last up to 80-min, depending on the type of PFT.
5. PFT reports will be interpreted by a Pulmonologist then faxed to the ordering physician who will advise you of the results.

**PATIENT NAME** \_\_\_\_\_ **DOB** \_\_\_\_\_

**PATIENT PHONE NUMBER** \_\_\_\_\_

**DIAGNOSIS FOR PROCEDURE** \_\_\_\_\_

**NAME OF ORDERING PHYSICIAN** \_\_\_\_\_

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

**PHYSICIAN FAX NUMBER TO SEND RESULTS** \_\_\_\_\_

Lynchburg Pulmonary  
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2011 Tate Springs Rd.  
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For office use:

Date of Procedure: \_\_\_\_\_ Time: \_\_\_\_\_

(updated 12/22/21)

LPA Chart #: \_\_\_\_\_