

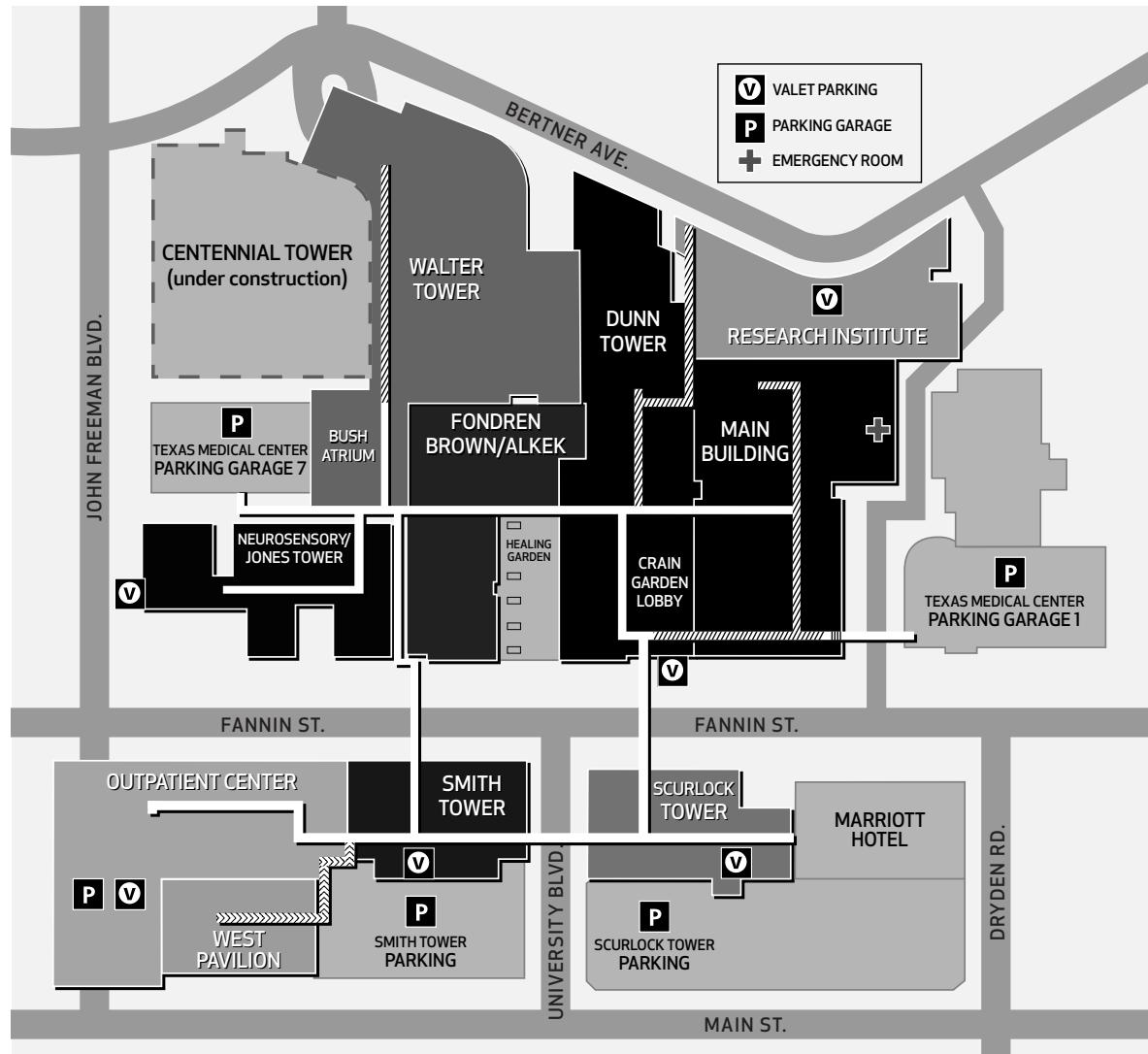
PATIENT NAME		DOB	SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
PRIMARY PHONE	ALTERNATE PHONE	SSN	
INSURED NAME	PLAN NAME	PLAN PHONE NUMBER	
ID NO	GROUP NO	AUTH NO	
DIAGNOSIS	ICD-9 CODE		
SYMPTOMS / INDICATIONS FOR REFERRAL			

SERVICE DESCRIPTION				APC					
X	PULMONARY FUNCTION STUDIES *	CDM	CPT	X	INVASIVE DIAGNOSTICS **	CDM	CPT	52	54
	SPIROMETRY: INCLUDES FLOW VOLUME LOOP, FVC AND FEV1	226845	94010		AIRWAY DILATION		31630		
	SPIROMETRY PRE AND POST BRONCHODILATOR	226522	94060		BRONCHIAL THERMOPLASTY, ONE LOBE		31660		
	LUNG VOLUMES (PLETHYSMOGRAPHY): INCLUDES TLC, VC, RV & AIRWAY RESISTANCE	281634	93720		BRONCHIAL THERMOPLASTY, TWO LOBES		31661		
	DIFFUSION CAPACITY (DLCO)	226803	94729		BRONCHOSCOPY, DIAGNOSTIC W/ OR W/O WASH	226878	31622		
	VITAL CAPACITY ONLY	281600	94150		BRONCHOSCOPY, W/ BRUSHING	281543	31623		
	RESPIRATORY MUSCLE FORCE	249524			BRONCHOSCOPY, W/ BIOPSY	226613	31625		
	MAXIMAL VOLUNTARY VENTILATION	281592	94200		BRONCHOSCOPY, W/ LAVAGE	281337	31624		
	OSCILLOMETRY/AIRWAY RESISTANCE		94728		BRONCHOSCOPY, W/ PLACEMENT OF CATHETER/S FOR INTERCAVITARY RADIOELEMENT APPLICATION	281568	31643		
	SIX MINUTE WALK WITH PULSE OXIMETRY <input type="checkbox"/> DISTANCE WALK <input type="checkbox"/> OXYGEN TITRATION	281626	94618		BRONCHOSCOPY, W/ THERAPEUTIC ASPIRATION OF TRACHEOBRONCHIAL TREE, INITIAL	281576	31645		
	CARDIOPULMONARY EXERCISE TESTING								
	CARDIOPULMONARY EXERCISE W/ METABOLIC MEASUREMENTS: SPECIFY PROTOCOL <input type="checkbox"/> CYCLE <input type="checkbox"/> TREADMILL	281535	94621		BRONCHOSCOPY, TRANSBRONCHIAL BX W/ OR W/O FLUOROSCOPY BRONCHOSCOPY, TRANSBRONCHIAL NEEDLE BX - SUBSEQUENT	281642	31628		
	LABORATORY								
	ABG, RESTING AND EXERCISE (PUNCTURE & ANALYSIS X2)	226894	36600		INSERTION OF PLEURAL CATHETER		32550		
		226787	82803		PLEURAL BIOPSY	281386	32400		
	ARTERIAL BLOOD GAS ON ROOM AIR				LUNG BIOPSY	249508	32405		
	ARTERIAL BLOOD GAS ON ____ L/M OR ____ % O2				THORACENTESIS	226621	32000		
	ARTERIAL BLOOD GAS ON 100% O2				THORACENTESIS ASPIRATION W/O IMAGE		32554		
	BRONCHIAL CHALLENGE STUDIES								
	METHACHOLINE CHALLENGE W/ SERIAL SPIROMETRY TO ASSIST IN THE DIAGNOSIS OF ASTHMA	226415	94070		THORACENTESIS ASPIRATION W/ IMAGE		32555		
		281493	95070		OTHER TESTS				
					EXHALED FRACTIONAL NITRIC OXIDE (FeNO)		95012		
					INDIRECT CALORIMETRY	226423	94690		
					HIGH ALTITUDE SIMULATION W/ OXYGEN AND INTERPRETATION		9445		
							94452		
					SPUTUM INDUCTION		94640		
	THERAPEUTICS								
					HHN W/ 2.5MG OF ALBUTEROL	281352	94640		
					PENTAMIDINE INHALATION		94642		

APPOINTMENT DATE	_____	(*) ANY ORDER FOR "PFT's WILL BE INTERPRETED PROTOCOL (**) APPROPRIATE CONSENT MUST BE OBTAINED PRIOR TO PROCEDURE			
APPOINTMENT TIME	_____	ORDERS MUST BE RECEIVED PRIOR TO TESTING AND INCLUDE AN APPROPRIATE DIAGNOSIS AND ICD-9 CODE			
<input type="checkbox"/> SEND RESULTS W/ PATIENT	_____				
<input type="checkbox"/> FAX RESULTS TO	_____				

OTHER PROCEDURES / SPECIAL INSTRUCTIONS			
---	--	--	--

PHYSICIAN NPI #	PHYSICIAN'S NAME	SCHEDULING PHONE 713.441.6550
DATE/TIME	PHYSICIAN'S SIGNATURE	SCHEDULING FAX 713.791.5075
For additional scripts, email HMHphysicianliaisons@houstonmethodist.org HMH1824 (05/2025)		



You can access the Outpatient Center via the 2nd floor crosswalk from Smith Tower.

Ⓐ **P** **Parking**

Ⓐ **V** **Valet**