

**PULMONARY FUNCTION PHYSICIAN PRESCRIPTION****PLEASE MARK FACILITY WHERE SERVICE(S) IS (ARE) TO BE PERFORMED:**

- ☐ Munson Healthcare Cadillac Hospital (CAD)
- ☐ Munson Healthcare Charlevoix Hospital (CHX)
- ☐ Munson Healthcare Grayling Hospital (GRY)
- ☐ Munson Healthcare Manistee Hospital (MAN)
- ☐ Munson Healthcare Otsego Memorial Hospital (OMH) (Gaylord)
- ☐ Munson Healthcare Paul Oliver Memorial Hospital (POMH) (Frankfort)

SCHEDULING: (for facilities listed above) Phone: 231-935-6718 Fax: 231-935-3203☐ Kalkaska Memorial Health Center (KMHC) - Lower Level, **SCHEDULING: Phone: 231-258-3612 Fax: 231-258-7849**☐ Munson Medical Center (MMC) (Traverse City) - Main Lobby, **SCHEDULING: Phone: 231-935-6096 Fax: 231-935-3203**

Patient Name: _____ Phone #: _____

Appointment Date: _____ Appointment Time: _____ ☐ AM ☐ PM

Billing Diagnosis: _____ Date of Birth: _____

*****PLEASE SEE PATIENT INSTRUCTIONS ON BACK FOR PULMONARY FUNCTION TESTS ONLY*******PULMONARY FUNCTION LAB TESTS: (The following tests can be done at all sites, unless otherwise noted.)**

- | | |
|--|--|
| <input type="checkbox"/> Complete PFT - Spirometry, lung volumes, diffusion (<i>all sites</i>) | <input type="checkbox"/> Complete PFT with Methacholine Challenge (<i>16 years and older</i>) (<i>MAN, MMC only</i>) |
| <input type="checkbox"/> Post Testing Complete PFT - Patient to take inhalers as usual (<i>all sites</i>) | <input type="checkbox"/> Muscle Force Studies, MIP/MEP (<i>CAD, KMHC, MMC, POMH only</i>) |
| <input type="checkbox"/> Spirometry (<i>all sites</i>) | <input type="checkbox"/> Muscle Force Study and Spiro Supine and Sitting (<i>CAD, MMC, POMH only</i>) |
| <input type="checkbox"/> Post Testing Spirometry - Patient to take inhalers as usual (<i>all sites</i>) | <input type="checkbox"/> Exercise Challenge Study (<i>MMC only</i>) |
| <input type="checkbox"/> Lung Volumes and Diffusion (<i>all sites</i>) | <input type="checkbox"/> PFT Spirometry OCC Health (<i>CAD, GRY, MAN only</i>) |
| <input type="checkbox"/> Spirometry and Diffusion (<i>all sites</i>) | <input type="checkbox"/> PFT Home O2 Qualification (<i>all sites</i>) |
| <input type="checkbox"/> Airway Resistance Measurement (<i>all sites</i>) | <input type="checkbox"/> PFT Home O2 Qual w/Titration & Ambulation (<i>all sites</i>) |
| <input type="checkbox"/> Spirometry with Methacholine Challenge (<i>16 years and older</i>) (<i>MAN, MMC only</i>) | <input type="checkbox"/> Pentamidine Treatment 300 mg monthly for _____ months (<i>CHX, MMC only</i>) |
| <input type="checkbox"/> Spirometry - SUPINE and Sitting (<i>CAD, MMC, POMH only</i>) | |

I verify I have reviewed the patient's current medications and authorize delivery of the medication to be given with the above test ordered.PATIENT ID LABEL
HERE**PROVIDER NAME (PRINTED)****PROVIDER SIGNATURE****DATE****TIME****CONTINUE →**

PATIENT INSTRUCTIONS FOR PULMONARY FUNCTION TESTING ONLY

1. Bring this form with you and report 15 minutes prior to testing.
2. Please bring a list of all your medications you are taking, including inhalers.
3. NO SMOKING FOR 12 HOURS PRIOR TO TESTING.
4. No heavy exercise prior to testing.
5. You may eat a light meal prior to testing.
6. Test may take up to one (1) hour to complete.
7. See list and times to hold inhalers or nebulized meds, take all other medications as ordered.
8. If you have been told by a provider that you have had a collapsed lung or fluid removed from your lung in the last two (2) weeks, please call your provider to confirm it is safe to perform a breathing test at this time. If confirmed please report to the pulmonary function lab for testing.

HOLD THE FOLLOWING MEDICATIONS IF YOU ARE HAVING A PULMONARY FUNCTION TEST:

Hold for six (6) hours prior to test:

- Albuterol (*Ventolin, Proventil, Proair*)
- Alvesco
- Asthmacort
- Asthmanex
- Atrovent
- Armon Air
- Arnuity
- Combivent/Combivent respimat
- Duo-neb
- Flovent
- Intal
- Maxair
- Pulmicort
- QVar
- Turdorza Pressair
- Xopenex (*Levalbuterol HCL*)

Hold for 24 hours prior to test:

- Advair
- Air Duo
- Arcapta
- Arnoro Ellipta
- Arnuity Ellipta
- Bevespi Aerosphere
- Breo Ellipta
- Brovana
- Daliresp
- Dulera
- Foradil
- Incruse Ellipta
- Performomist
- Seebri Neohaler
- Serevent
- Spiriva/Spiriva respimat
- Stiolto respimat
- Striverdi
- Symbicort
- Tudorza
- Utribron
- Wixela

PATIENT INSTRUCTIONS FOR METHACHOLINE OR EXERCISE CHALLENGE STUDIES (16 years and older)

1. Methacholine Challenge delivered only by staff at MMC and MAN.
2. No caffeine four (4) hours prior to testing.
3. Notify the Pulmonary Lab if you develop a cold within three (3) weeks prior to your appointment.
4. Methacholine Challenge studies may take up to one and a half (1-½) hours to complete.
5. Not done on children under 16 or pregnant women.
6. If you are currently taking prednisone/beta blockers, please call the Pulmonary Lab at **MMC (231-935-6096)** or **MAN (231-398-1132)** for special instructions.
7. Bring or wear comfortable shoes to exercise in if you are scheduled for an Exercise Challenge Study.

HOLD THE FOLLOWING MEDICATIONS IF YOU ARE HAVING A METHACHOLINE OR EXERCISE CHALLENGE STUDIES:

Hold for six (6) hours prior to test:

- Albuterol (*Ventolin, Proventil, and Proair*)
- Alvesco
- Asthmanex
- Atrovent
- Armon Air
- Arnuity
- Combivent/Combivent Respimat
- Duo-neb
- Flovent
- Pulmicort
- QVar
- Xopenex

Hold for 48 hours prior to test (LABA):

- Advair
- Air Duo
- Arnuity Ellipta
- Breo Ellipta
- Brovana
- Daliresp
- Dulera
- Performomist
- Serevent
- Striverdi
- Symbicort
- Wixela

Hold for one (1) week prior (LAMA):

- Anora Ellipta
- Bevespi Aerosphere
- Breztri Aerosphere
- Duaklir Genuair
- Duaklir Pressair
- Incruse Ellipta
- Inspiolto Respimat
- Seebri
- Spiriva Handihaler
- Spiriva Respimat
- Stiolto Respimat
- Trelegy Ellipta
- Tudorza Pressair
- Ultibro Breezhaler

PATIENT ID LABEL
HERE