

Pulmonary Function Testing Request

Request for Testing

Patient Name: _____ DOB: _____

Diagnosis: _____ Phone: _____

Medications: _____

Ordering Physician: _____ Date of Request: _____

Contact Phone: _____

Testing Requests

Please indicate tests requested and fax form to **412-692-9719**.

Contact the Pulmonary Exercise Lab at **412-692-5873** for appointment or any questions.

Pulmonary Exercise Testing according to laboratory protocol

(Available upon request)

Exercise Induced Asthma Evaluation (90 minutes)

Non-Graded Treadmill Exercise Test with Pre/Post Spirometry

Consider for shortness of breath/chest tightness with exercise

Exercise Induced Asthma with Vocal Cord Dysfunction Evaluation (90 minutes plus clinic)

Non-Graded Treadmill Exercise Test with Pre/Post Spirometry followed by Post Exercise

Laryngoscopy by ENT

Consider for throat tightness/shortness of breath/stridor with exercise

Maximal Exercise Test (90 minutes)

Graded Treadmill Test with exhaled gas analysis and EKG monitoring

Consider for Pectus Excavatum

Six Minute Walk Test (30 minutes)

Submaximal Exercise with Oximetry Monitoring

Consider for shortness of breath with limited exercise, EVALI

STAFF

Daniel Weiner, MD
Medical Director

Maria Lattanzi, BS, RRT
Supervisor

Paul Rebovich, MS
Exercise Coordinator