



**Allergy, Asthma & Immunology Center, P.C.**  
**Vital Prospects Clinical Research Institute, P.C.**

[www.aaicenter.net](http://www.aaicenter.net)

6565 S. Yale Ave. STE 209, Tulsa, OK 74136-8304

Phone: 918-392-4550 Fax: 918-392-4551

E-mail: [info@aaicenter.net](mailto:info@aaicenter.net)

**\* PLEASE ATTACH RECENT PATIENT DEMOGRAPHICS & INSURANCE INFORMATION TO EXPEDITE SCHEDULING\***

**Patient Name:** \_\_\_\_\_ **D.O.B:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**DIAGNOSES:** \_\_\_\_\_

*Please provide the diagnoses (signs, symptoms, reason for referral) including codes, and other pertinent clinical information.*

**WHERE WOULD YOU LIKE THE RESULTS TO BE SENT UPON COMPLETION?** \*Default is sent to ordering physician\*

Fax: \_\_\_\_\_  E-Mail: \_\_\_\_\_  Mailing Address: \_\_\_\_\_

Today ( if schedule permits )  To be scheduled \_\_\_\_\_

PUMONARY FUNCTION TESTING		FUNCTIONAL CAPACITY	
<input type="checkbox"/> Complete PFTs + Pre & Post Bronchodilator Testing <small>(spirometry, lung volumes and DLCO (albuterol 2.5 mg nebulizer))</small>	CPP	<input type="checkbox"/> 6 Minute Walk Test (following ATS standards)	SIX
<input type="checkbox"/> Complete PFTs (spirometry, lung volumes and DLCO)	CDL	<input type="checkbox"/> Multiple Pulse Oximetry Test	MPO
<input type="checkbox"/> Spirometry (includes flow-volume loop and MVV)	FVL	<input type="checkbox"/> Multiple Pulse Oximetry Test with Oxygen Titration	POO
<input type="checkbox"/> Spirometry + Pre & Post Bronchodilator Testing <small>(albuterol 2.5 mg nebulizer)</small>	SPP	<input type="checkbox"/> Cardiopulmonary Exercise Testing	EXT
<input type="checkbox"/> Lung Volumes (TLC, FRC, RV, VC, etc.)	TLC		
<input type="checkbox"/> Carbon Monoxide Diffusing Capacity (DLCO)	DLC		
<input type="checkbox"/> Maximum Inspiratory and Expiratory Pressures (MIP / MEP)	MIP		
BRONCHIAL HYGIENE & MAINTENANCE		ADDITIONAL TESTING	
<input type="checkbox"/> Small Volume Nebulizer Treatment <input type="checkbox"/> Albuterol 2.5 mg <input type="checkbox"/> Levalbuterol (Circle: 1.25 mg, 0.63 mg) <input type="checkbox"/> Ipratropium Bromide (Atrovent) 0.5 mg	SVN	<input type="checkbox"/> Methacholine Challenge Testing (asthma evaluation)	MCH
<input type="checkbox"/> Induced Sputum with hypertonic saline	SNA	<input type="checkbox"/> Arterial Blood Gas CIRCLE: room air or supp O <sub>2</sub> _____ l/min	ABG
<input type="checkbox"/> Nasal Tracheal Suctioning	NSX	<input type="checkbox"/> Today <input type="checkbox"/> Scheduled	
<input type="checkbox"/> One on One Patient Education <input type="checkbox"/> Deep Breath & Cough <input type="checkbox"/> Purse Lip Breathing <input type="checkbox"/> MDI and Medication Instruction and Techniques <input type="checkbox"/> Asthma education	PED	<input type="checkbox"/> Exercise-induced Bronchospasm	EIB
		<input type="checkbox"/> Other	OND

**Comments:** \_\_\_\_\_

**Name of Practice/Medical Facility:** \_\_\_\_\_

**Referring Physician:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Ordering Physician:** \_\_\_\_\_ **NPI #:** \_\_\_\_\_ **Date:** \_\_\_\_\_