BONNER GENERAL HEALTH
QUALITY COMPASSIONATE CARE
520 N. 3rd. Ave.
Sandpoint, ID 83864
(208) 265-1045
FAX (208) 265-6570

Cardiopulmonary Test Requisition

NAME Last	First	MI	SEX ☐ M ☐F	Marital Status ☐ M ☐S	Medical Record #

Referring Physician Name	Date Exam Requested	Date of Birth	Home Phone	Work Phone

Clinical Hx/Symptoms:

DIAGNOSIS CODES REQUIRED FOR EACH TEST ORDERED. (If code is not known, write diagnosis in space below)

** By Appointment Only*

	ICD-10		CPT / Repeat		ICD-10		CPT
☐	_____	Aerosol Treatment	94640 / 76	☐	_____	Exercise oximetry* 6 min walk	94618
☐	_____	Blood Gas Test	36600	☐	_____	MDI Instruction	94664
☐	_____	EKG	93010 / 76	☐	_____	Spirometry w/Bronchodilator*	94060
☐	_____	EKG – Holter 3 – 7 days*	93242	☐	_____	Spirometry wo/Bronchodilator*	94010
☐	_____	EKG – Holter 8 – 14 days*	93246	☐	_____	DLCO Diffusing Capacity*	94729
☐	_____	EKG – Event Monitor 15 – 30 days*	93270	☐	_____	Lung Volume Body Plethsmography*	94726
☐	_____	Stress Test*	93017	☐	_____	Maximal Voluntary Ventilation*	94200
☐	_____	_____ Other (specify)		☐	_____	Maximal Pressures MIP/MEP*	9479904

Contacts	Diagnosis
	Medications

Patient Label

Please remember any fifth digits on codes

To be filed in Medical Record

Date _____

_____
Physician's Signature

_____
Physician's FAX