CARO REGION

CARDIO PULMONARY OUTPATIENT TESTING

P.O. BOX 435
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CARO, MI 48723-0435
Phone: (989) 672-5111
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NAME		
D.O.B.	SEX /HGT/WT	PRE-CERT. AUTH. #: (Ins. Carriers: BC-PPO, BC Network, Molina, Healthplus)
DATE and TIME of APPOINTMENT		
DIAGNOSIS		
ORDERING PHYSICIAN		
CALL RESULTS TO		
MEDICATIONS/ALLERGIES		

CARDIO PULMONARY

CARDIAC
- ☐ Stress Echo
- ☐ Exercise Treadmill (GXT) Regular
- ☐ Electrocardiogram (EKG/ECG)
- ☐ Event Recorder (Series)
- ☐ Holter Monitor - 24˚- 48˚
- ☐ Other Specify: ____________________________

SLEEP STUDY
- ☐ Home Sleep Study

EEG's – **Have clean hair NO sprays or gels**
- ☐ EEG - Routine
- ☐ Sleep Deprived

PFT– **No respiratory Meds/Nebulizers/Inhalers four (4) hours before test**
- ☐ Complete PFT's with Bronchodilators
- ☐ Spirometry with Bronchodilators
- ☐ DLCO

ABG
- ☐ Room Air
- ☐ O2 ______lpm

SaO2
- ☐ Spot Check
- ☐ Home O2 Qualification

PATIENT INSTRUCTIONS

Dear Patient,

Your physician has ordered the procedure(s) indicated on the front page of this form. You must bring this form with you on day of your exam as it is your legal order required by the facility. Please arrive 15 minutes prior to your appointment to allow for your registration process.

PATIENT SHOULD REPORT TO REGISTRATION