

McLaren Print System Order

Order No: 80582
Order Date: 2023-10-17
User: Deb House
Phone: 989-269-1557

Ship Location: McLaren Thumb - Attn Deb House, Imaging
1100 S VAN DYKE RD
BAD AXE, MI 48413

Forms

Quantity: 100
Paragon Dept No: 27100
Dept Name: Pulmonary Services - OP
Company Number: 530

Order Total Price: 3.35

Item Number: MTR-18
Item Description: Pulmonary Exercises
Revision Date: 10/2023
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Poster:
Misc Info: 8.5x11 Black SS



1100 S. Van Dyke
 Bad Axe, Michigan
 (989) 269-8933 ext. 4399 • Fax (989) 269-2658
 Call 989-269-1565 to schedule an appointment

Pulmonary Exercise/Stress/6MW Test

Name: _____ MR#: _____ Date: _____ DOB: _____

Physician: _____ TECH: _____ HT: _____ WT: _____ AGE: _____

Diagnosis: _____

Treadmill: _____ Hallway: _____ Ambulate W/O O₂: _____ Ambulate W/O₂: _____

Pred Max HR: _____ 85% Max HR _____ O₂ L/min VIA: NP _____ TTO Cath Pulse _____ Continuous _____

Time (min)	Speed (mph) / Grade %	O ₂ (l/min)	SaO ₂	HR	RPE* BP	METS or Distance (ft)
Rest						
___ min ___ sec	_____	_____	_____	_____	_____	_____
___ min ___ sec	_____	_____	_____	_____	_____	_____
___ min ___ sec	_____	_____	_____	_____	_____	_____
___ min ___ sec	_____	_____	_____	_____	_____	_____
___ min ___ sec	_____	_____	_____	_____	_____	_____
___ min ___ sec	_____	_____	_____	_____	_____	_____
___ min ___ sec	_____	_____	_____	_____	_____	_____
___ min ___ sec	_____	_____	_____	_____	_____	_____

Total ft. _____

Meters _____

SpO₂ Nadir _____

*Rate of perceived exertion (1-10 Dyspnea scale)

Recovery

_____ min _____

COMMENTS:

Spec Info:

INTERPRETATION:

RECOMMENDATIONS:

Physician Signature: _____ Date: _____