

**McLaren Print System Order**

Order No: 89581  
 Order Date: 2024-11-06  
 User: Marcy Harvey  
 Phone: 517-975-6653

Ship Location: McLaren Greater Lansing ATTN: Pulmonary Diagnostics  
 3901 Discover Dr. Suite 500  
 Lansing, MI 48910

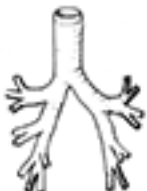

Form  
 Quantity: 500  
 Paragon Dept No: 28100  
 Dept Name: Respiratory  
 Company Number:

Order Total Price: 94.75

Item Number: MGL-119 (731-03)  
 Item Description: PULMONARY ENDOSCOPY  
 Revision Date: 09/2024  
 Print: 1 sided black and white  
 Paper: 3 Part (White, Yellow, Pink)  
 Size: 8.5 x 11  
 Fold:  
 Finish: None  
 Drill: None  
 Poster:  
 Misc Info: 8.5x11 Black 3-Part



**PULMONARY ENDOSCOPY**

<input type="checkbox"/> INPATIENT <input type="checkbox"/> OUTPATIENT	WT (kg) _____	REFERRING PHYSICIAN(S) _____																																												
Date of Procedure: _____ Procedure Performed: _____ Pre-OP Diagnosis: _____ Surgeon: _____ EBL (state unless otherwise noted): _____ Fluids: _____ Anesthetics: _____		<table border="1"> <thead> <tr> <th>PROCEDURE</th> <th>CODE</th> </tr> </thead> <tbody> <tr><td><input checked="" type="checkbox"/> Bronchoscopy (Rigid) Technically</td><td>71015</td></tr> <tr><td><input type="checkbox"/> Diagnostic Bronchoscopy w/ or w/o Biopsy</td><td>71021</td></tr> <tr><td><input type="checkbox"/> Diagnostic Bronchoscopy + Biopsy</td><td>71022</td></tr> <tr><td><input type="checkbox"/> Therapeutic Airway Stenting (Single)</td><td>71024</td></tr> <tr><td><input type="checkbox"/> Bronchoscopy + Endobronchial Biopsy (w/ or w/o EBUS)</td><td>71025</td></tr> <tr><td><input type="checkbox"/> Transbronchial Lung Biopsy (single site)</td><td>71026</td></tr> <tr><td><input type="checkbox"/> Transbronchial Lung Biopsy (each additional site)</td><td>71027</td></tr> <tr><td><input type="checkbox"/> Transbronchial Needle Aspiration (single site)</td><td>71028</td></tr> <tr><td><input type="checkbox"/> Transbronchial Needle Aspiration (each additional site)</td><td>71029</td></tr> <tr><td><input type="checkbox"/> Flexible Bronchoscopic Diathermy or resection of Polypoid Lesion of Bronchus</td><td>71030</td></tr> <tr><td><input type="checkbox"/> Bronchoscopy with Excision of Tumor</td><td>71040</td></tr> <tr><td><input type="checkbox"/> Bronchoscopy with Laser of Tumor/Obstruction</td><td>71041</td></tr> <tr><td><input type="checkbox"/> Bronchoscopy with Placement of Catheter (Endotracheal) (per)</td><td>71050</td></tr> <tr><td><input type="checkbox"/> Bronchoscopy with Removal of Foreign Body</td><td>71055</td></tr> <tr><td><input type="checkbox"/> Therapeutic Bronchoscopy Initial</td><td>71060</td></tr> <tr><td><input type="checkbox"/> Therapeutic Bronchoscopy Subsequent</td><td>71061</td></tr> <tr><td><input type="checkbox"/> Bronchoscopy with EBUS (w/ or w/o real-time elastography) (initial)</td><td>71062</td></tr> <tr><td><input type="checkbox"/> Bronchoscopy with EBUS (w/ or w/o real-time elastography) (each additional site)</td><td>71063</td></tr> <tr><td><input type="checkbox"/> Bronchoscopy with EBUS (w/ or w/o real-time elastography) (each additional site) (per)</td><td>71064</td></tr> <tr><td><input type="checkbox"/> Flexible Bronchoscopy (Initial) (per)</td><td>71070</td></tr> <tr><td><input type="checkbox"/> Flexible Bronchoscopy (Subsequent) (per)</td><td>71071</td></tr> </tbody> </table>	PROCEDURE	CODE	<input checked="" type="checkbox"/> Bronchoscopy (Rigid) Technically	71015	<input type="checkbox"/> Diagnostic Bronchoscopy w/ or w/o Biopsy	71021	<input type="checkbox"/> Diagnostic Bronchoscopy + Biopsy	71022	<input type="checkbox"/> Therapeutic Airway Stenting (Single)	71024	<input type="checkbox"/> Bronchoscopy + Endobronchial Biopsy (w/ or w/o EBUS)	71025	<input type="checkbox"/> Transbronchial Lung Biopsy (single site)	71026	<input type="checkbox"/> Transbronchial Lung Biopsy (each additional site)	71027	<input type="checkbox"/> Transbronchial Needle Aspiration (single site)	71028	<input type="checkbox"/> Transbronchial Needle Aspiration (each additional site)	71029	<input type="checkbox"/> Flexible Bronchoscopic Diathermy or resection of Polypoid Lesion of Bronchus	71030	<input type="checkbox"/> Bronchoscopy with Excision of Tumor	71040	<input type="checkbox"/> Bronchoscopy with Laser of Tumor/Obstruction	71041	<input type="checkbox"/> Bronchoscopy with Placement of Catheter (Endotracheal) (per)	71050	<input type="checkbox"/> Bronchoscopy with Removal of Foreign Body	71055	<input type="checkbox"/> Therapeutic Bronchoscopy Initial	71060	<input type="checkbox"/> Therapeutic Bronchoscopy Subsequent	71061	<input type="checkbox"/> Bronchoscopy with EBUS (w/ or w/o real-time elastography) (initial)	71062	<input type="checkbox"/> Bronchoscopy with EBUS (w/ or w/o real-time elastography) (each additional site)	71063	<input type="checkbox"/> Bronchoscopy with EBUS (w/ or w/o real-time elastography) (each additional site) (per)	71064	<input type="checkbox"/> Flexible Bronchoscopy (Initial) (per)	71070	<input type="checkbox"/> Flexible Bronchoscopy (Subsequent) (per)	71071
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ANESTHESIA _____ TOPICAL LOCAL ANESTHETIC _____ IN OTHER DRUGS _____		SPECIALS _____ SUPPLIES _____																																												
CLINICAL NOTES _____																																														
FINDINGS																																														
 																																														
COMPLICATIONS _____ COMMENTS _____ SPECIMENS (state unless otherwise noted) _____ DOCUMENTATION _____ SIGNED _____ DATE _____ TIME _____		POST-OP DIAGNOSIS & FINDINGS 1. _____ 2. _____ 3. _____ 4. _____																																												

Spec Info:

**PULMONARY ENDOSCOPY**

White = Medical Record  
 Canary = Respiratory  
 Pink = Physician  
 www.mclaren.com

