801 Mission St SE
Salem, OR 97302
P: 503-588-3945
F: 503-588-0256

PFT Patient Referral

Date of Referral:________________________

Patient Name:____DOB:______________________________

Address:____

City:______________________________________State:_______________________Zip:______________

Phone Number:____

Primary Insurance:___________________________Secondary Insurance:___________________________

ID#:______________________________________ID#:____

Group #:___________________________________Group #:______________________________________

Requesting Physician Name:____

Physician Phone Number:____________________________Fax Number:____________________________

Referral Number:_____________________________________**Primary DX:**____________________________

Please Circle ALL the Requested Services:

Spirometry Only

Spirometry with Bronchodilator

Diffusion

Overnight oximetry study to be done on:

Lung Volumes

MIP/MEP

Full Pulmonary Function Tests

Room Air or _____LPM O2

(Please note a spirometry will be done with any breathing test selected.)

UREGENT / NEXT AVAILABLE

If you have any questions please call us at 503-588-3945 and ask to speak to a scheduler.

Please Fax this Form to 503-588-0256