



# PULMONARY ASSOCIATES of Fredericksburg

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## PFT REFERRALS

**PLEASE COMPLETE FORM AND FAX TO: 540-372-3525**

\_\_\_\_\_ Complete PFT (Spirometry with bronchodilator, diffusion & lung volume)

\_\_\_\_\_ Spirometry Routine (without bronchodilator)

\_\_\_\_\_ Spirometry pre and post bronchodilator

\_\_\_\_\_ Diffusion Study (DLCO)

\_\_\_\_\_ Lung Volume Study

\_\_\_\_\_ Walking Oximetry

\_\_\_\_\_ Consult Needed

\_\_\_\_\_ Lung Cancer Screening Consult

**\*\*PLEASE MAKE SURE YOU INCLUDE A COPY OF\*\***

**1. LAST CHART NOTE**

**2. Insurance card**

**3. Picture ID**

Patient Name: \_\_\_\_\_ DOB \_\_\_\_\_

Patient day phone: \_\_\_\_\_

Reason for referral: (Pulmonary Diagnosis) \_\_\_\_\_

Referring Doctor printed name: \_\_\_\_\_

Referring doctor phone: \_\_\_\_\_ Referring doctor fax: \_\_\_\_\_

Referring Doctor signature (order) \_\_\_\_\_

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### PATIENT INSTRUCTIONS:

1. Wear loose, comfortable clothing and shoes that are appropriate for walking
2. You may eat a light meal
3. Unless specifically instructed by your physician: **Please take all your regularly scheduled medications, including inhaled medications. Please DO NOT use your rescue inhaler or nebulizer for 6 hours prior to testing, unless you feel you are having more difficulty breathing than normal.**
4. Bring a list of your **current medications**, your **insurance card**, and your **photo ID**

*If you are unable to keep your appointment, please give our office at least 24 hours notice.*

*Please arrive 15 minutes prior to your appointment time.*

**Our office is located at 521 Park Hill Dr. Across from Mary Washington's Emergency Room**