

Midland Memorial Hospital, Midland, Texas 79701
TESTING CENTER – Outpatient Order Form Phone: (432)221-1623; Fax: (432)221-4979

This order form is for outpatient services only. Please fill out completely and ensure that the corresponding diagnosis and the ordering physician's signature are provided.

Patient Name: _____ Patient DOB: _____
Date of Appointment: _____ Appointment Time: _____ AM PM
Ordering Physician: _____ Preferred reading physician: _____

Procedure Scheduled:

- | | | | |
|---|--|---|--------------------------------------|
| <input type="checkbox"/> Complete PFT | <input type="checkbox"/> Pre/Post PFT (94060) | <input type="checkbox"/> Basic PFT(94010) | <input type="checkbox"/> DLCO(94729) |
| <input type="checkbox"/> Electroencephalogram(EEG) | <input type="checkbox"/> 0-40 min.(95819) | <input type="checkbox"/> 41-60min.(95812) | |
| <input type="checkbox"/> ABG (82805) | <input type="checkbox"/> Room Air | <input type="checkbox"/> O2@ _____ lpm | |
| <input type="checkbox"/> Electrocardiogram (ECG)(93005) | | | |
| <input type="checkbox"/> Polysomnogram(95810) | <input type="checkbox"/> Polysomnogram with PAP(95811) | | |

Diagnosis (circle one): Please note that these are the most frequently used diagnosis codes for each listed procedure. If none of these apply, please specify the applicable diagnosis in the space provided.

Pulmonary Function Test

R06.02 SOB
J44.9 COPD, unspecified
R05 Cough
J45.909 Asthma, uncomplicated
E84.0 CF with Pulm. Exacerbation

R06.9 Dyspnea, unspecified
R09.02 Hypoxemia
D86.9 Sarcoidosis, unspecified
M34.9 Scleroderma, unspecified
J84.10 Pulmonary Fibrosis, unspecified
Z79.899 Other long term (current)drug
Other: _____

Polysomnogram

G47.30 Sleep Apnea, unspecified
R53.81 Fatigue, other malaise
G47.33 Obstructive Sleep Apnea
E66.9 Obesity, unspecified
R06.83 Snoring
G47.10 Hypersomnia/EDS, unspecified
Other: _____

EEG

R56.9 Unspecified Convulsions
G45.9 TIA, unspecified
I63.50 CVA, unspecified
R55 Syncope/Collapse
R51 Headache

R25.9 Abnormal Involuntary mvmt.
R42 Dizziness/Giddiness
F95.9 TIC Disorder, unspecified
Other: _____

ABG

R09.02 Hypoxemia
R06.02 SOB
Other: _____

Stress Test

R07.9 Chest Pain, unspecified
R06.02 SOB
Other: _____

ECG

R07.9 Chest Pain, unspecified
R00.2 Palpitations
I48.91 A-Fib., unspecified
Z01.810 Pre-op exam
I50.9 CHF, unspecified
Heart murmur, unspecified

Other: _____

EP/Visual

H53.9 Unspecified Visual Disturbance
R51 Headache
Other: _____

EP/Auditory

H90.2 Hearing Loss
Other: _____

Physician's Signature: _____ Date: _____ Time: _____

(Patient Label)

Patient Name:
Patient DOB:
MR #:
Acct #:

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Cardiopulmonary & Neurology
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Effective Date: 01/10/2024
Last Review Date: 01/10/2024
Scan to: Physician Order

