



Respiratory Therapy Outpatient Order Form

Lake Forest Hospital

Respiratory Therapy
660 N. Westmoreland Road
Lake Forest, Illinois 60045-1696

RESPIRATORY SCHEDULING
(847) 535-8072 TEL (847) 535-8000 TEL
(847) 535-7810 FAX (847) 535-8001 FAX

lfh.org

Thank you for referring your patient for Respiratory Therapy services at Lake Forest Hospital. Appointments for service should be made by calling Central Scheduling at (847) 535-8000, or faxing orders to (847) 535-8001.

In order to provide the best possible services to you and your patients, we request the following information. Please complete all fields to expedite your request.

PATIENT INFORMATION

Last Name	First Name
Date of Birth	
Home Phone Number	Work/Cell Phone Number

RESPIRATORY CARE

- PFT Complete-No Abg
- PFT Complete-With Abg
- Screening PFT
- Screening PFT Pre & Post Meds
- Cardiopulmonary Stress Test
- Pulse Oximetry Spot Check, on RA or O2
- Exercise Oximetry, on RA or O2
- Sputum Induction
- Nebulizer with (medication/dose):

- Methacholine Challenge
- ABG only, on RA or O2
- Other:

PHYSICIAN INFORMATION

Referring Practitioner Last Name	First Name
NPI #	Practitioner's Fax Number
Practitioner's Signature	Date

SIGNS & SYMPTOMS / DIAGNOSIS / ICD-9

When ordering multiple tests on the same order form, please indicate a sign, symptom, diagnosis or ICD-9 for each test/treatment. Do not include a "rule-out" diagnosis.
