

# Respiratory Care Outpatient Order Form

Lake Forest Hospital

Respiratory Care  
1000 North Westmoreland Road  
Main Entrance  
Lake Forest, Illinois 60045

SCHEDULING:  
847.535.8000 office  
847.535.8001 fax

QUESTIONS:  
847.535.8072 office  
847.535.7810 fax

nm.org

Thank you for referring your patient for Respiratory Care at Northwestern Medicine Lake Forest Hospital. Appointments for service should be made by calling Patient 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

## PHYSICIAN INFORMATION

Referring Practitioner Last Name	First Name
NPI #	Practitioner's Fax Number
<b>Practitioner's Signature</b>	Date

### RESPIRATORY CARE

- PFT Complete-No Abg
- PFT Complete-With Abg
- Screening PFT
- Screening PFT Pre & Post Meds
- Pulse Oximetry Spot Check, on RA or O<sub>2</sub>
- Exercise Oximetry, on RA or O<sub>2</sub>
- Sputum Induction for \_\_\_\_\_
- Nebulizer with (medication/dose):  
\_\_\_\_\_
  
- Methacholine Challenge
- ABG only, on RA or O<sub>2</sub>
- Bronchoscopy
- Flutter Valve Instruction
- Other:  
\_\_\_\_\_

## SIGNS AND SYMPTOMS/DIAGNOSIS/ICD CODE(S)

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

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