



WELCOME HOME to your CLINIC  
we care for you.

## SPIROMETRY ORDER

Phone: 940-761-8519 940-761-8518

Date: \_\_\_\_\_

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ M/F \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

PFT 30 w/o DCLO \_\_\_\_\_ PFT 60 w/DCLO \_\_\_\_\_

Allergies: \_\_\_\_\_

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Ordering Physician: \_\_\_\_\_

Physicians Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

**\*MUST PROVIDE PATIENT DEMOGRAPHICS WITH ORDER\***