

Pulmonary Function Testing and Office Consultation Request

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Patient: _____ Date of Birth: _____

Patient's Telephone #: _____

Diagnosis: _____ Date of Request: _____

Referring Physician: _____

Physician's Office #: _____ Fax: _____

Consultation with Pulmonologist

Dr. Julye Nesbitt Carew

Dr. Michelle Chesnut

First available physician

Full Pulmonary Function testing: spirometry before and after bronchodilator, residual volume, total lung capacity, functional residual capacity, DLCO (diffusion capacity), and airway conductance and resistance

Hemoglobin (if available): _____

Spirometry only, before and after bronchodilator

obtain lung volumes and DLCO if spirometry reveals restrictive defects.

Pulse Oximetry: resting and ambulatory

Same-day appointment needed

STAT interpretation (within 2 hours) needed

Consultation with Pulmonologist if Pulmonary Function Testing is abnormal

Dr. Julye Nesbitt Carew

Dr. Michelle Chesnut

First available physician

Please include patient demographics and have the referring physician's office or the patient contact our office to schedule an appointment.