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Pulmonary Function Testing/Respiratory Services

Please fax order form to 952-567-7415

Patient Name: _____ Date of Birth: _____

Phone Number: _____ Diagnosis: _____

Pulmonary Function Testing

- _____ Complete PFTs + Pre & Post Bronchodilator Testing
- _____ Complete PFTs
- _____ Spirometry + Diffusing Capacity (DLCO)
- _____ Spirometry + Pre & Post Bronchodilator Testing
- _____ Spirometry
- _____ Maximum Inspiratory and Expiratory Pressures (MIP/MEP)

Additional Testing

- _____ FeNO NIOX testing
- _____ Overnight Oximetry Room Air O2 _____ lpm CPAP _____ cmH2O

Respiratory Equipment

- _____ Acapella/Flutter Valve _____ Peak Flow Meter
- _____ Finger Pulse Oximeter _____ UV CPAP Sanitizer

Referring Clinic: _____ Date: _____

Ordering Physician: _____ NPI: _____

Fax Results to: _____

BURNSVILLE CLINIC/SLEEP DISORDERS CENTER
 675 NICOLLET BOULEVARD, SUITE 135
 BURNSVILLE, MN 55337

EDINA CLINIC/SLEEP DISORDERS CENTER
 7450 FRANCE AVENUE SOUTH, SUITE 210
 EDINA, MN 55435

WOODBURY CLINIC/SLEEP DISORDERS CENTER
 8380 CITY CENTRE DRIVE, SUITE 160
 WOODBURY, MN 55125

FRIDLEY CLINIC
 500 OSBORNE ROAD, SUITE 100
 FRIDLEY, MN 55422

MINNEAPOLIS CLINIC/ADMINISTRATION
 920 EAST 28TH STREET, SUITE 700
 MINNEAPOLIS, MN 55407

PLYMOUTH CLINIC
 2855 CAMPUS DRIVE, SUITE 550
 PLYMOUTH, MN 55441