



Austin Children's Chest Associates

Pediatric Pulmonary Specialist

Sub-specialists of Dell Children's Medical Center of Central Texas

A member of the  Seton Family of Hospitals

Bennie McWilliams, MD

Jordan Scalo, MD

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PULMONARY FUNCTION & EXERCISE TESTING REFERRAL FORM

Fax Completed Form to: (512) 380-9201

Phone: (512)380-9200 or (877) 57-CHEST

Patient Name _____

(Last)

(First)

(MI)

Patient DOB _____ Patient SS # _____

Patient Address _____

Parent Name(s) _____

Home Phone # (____) _____ Work/Mobile Phone# (____) _____

Diagnosis: _____

Medications: _____

Simple Spirometry (includes insp/exp flow volume loops)

Exercise Study

Plethysmography (Raw/SGaw)

Pre/Post Bronchodilator

DLCO

MVV

Nitrogen Washout

* Instructions for Exercise Study & Exercise Induced Asthma Test*

- Do not take AM respiratory medications on date of the scheduled test (Albuterol, Advair, Flovent, Pulmicort, Symbicort, Xopenex, Maxair, Foradil, Prednisolone, Orapred)
- If patient is having respiratory (breathing) problems and has to take medications please call the office before the appointment

Insurance Information (please include patient demographic sheet from chart)

Guarantor Name(s) _____

Insurance _____ Policy ID Number _____ Telephone # _____
(primary)

Insurance _____ Policy ID Number _____ Telephone # _____
(secondary)

Referring Physician Information

Physician(s) Name _____ Office Contact _____

Practice or Facility Name and Address _____ City _____ State, Zip _____

Telephone # _____ Fax # _____ NPI# _____

TESTS PERFORMED AT:
Strictly Pediatrics Medical Building
1301 Barbara Jordan Ave, Ste 303
Austin, TX 78723