

Boston PFT Lab
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Farley 4
Boston, MA 02115
Phone: 617-355-7510

Waltham PFT Lab
9 Hope Ave
2 East
Waltham, MA 02453
Phone: 781-216-1309

Return this form to
Email: PulmonaryPFT-dl@childrens.harvard.edu
Fax: 617-730-0373



Boston Children's Hospital
Pulmonary Medicine

Pulmonary Function Testing (PFT) requisition

Patient information

Last name: _____

Diagnosis: _____

First name: _____ MI: _____

Date of birth (MM/DD/YYYY): _____

Allergies: _____

Phone #: _____

Indication: _____

Infection control concerns: Yes No Concerns: _____

Please check all requested tests below.

Note: If you are requesting bronchodilator or challenge testing, the bronchodilator drug must be indicated. Please check **one** bronchodilator drug.

Albuterol Levalbuterol (Xopenex) Ipratropium (Atrovent) Other (please specify): _____

Spirometry

- PRE bronchodilator
- POST bronchodilator
- PRE and POST bronchodilator
- Inspiratory loops

Diffusing capacity

Maximal respiratory pressures

Oxygen saturation

- Room air
- Supplemental oxygen (specify amount of O₂)

- Exercise saturation study** (three-minute exertion)

Challenges

- Exercise induced asthma challenge
- Methacholine challenge test
- Cardiopulmonary exercise test

Six-minute walk test

Flight test (FiO₂ at cabin pressure)

FeNO

Car seat test

Lung volume

- Plethysmography
- Helium dilution

Sweat test (CF)

Referring provider

Signature: _____

Phone #: _____

Print name: _____

Date (MM/DD/YYYY): _____