



La Plata Medical Examiners

Bradley Campbell, DO CIME
Damon Kalcich, DO CIME
Graham Tull, MD CIME
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Phone 505-556-1999
Fax 505-675-2788

783 NM 170
Farmington, NM 87401

scheduling@lpmedx.com
impairments@lpmedx.com

Date:

The patient, _____ has been REFERRED TO:

Desert Pulmonary Rehab & Diagnostics

2675 S. Jones Blvd Ste 113

Las Vegas, NV 89146

Referred by: Damon Kalcich, DO

ORDERS FOR TESTING:

6-Min Walk Test - Please document distance in meters or feet.

Instructions:

No bronchodilators 12 hour prior to test. **Please do this prior to the Pulmonary Function Test**

****Please forward completed report if the PFT meets ATS standards****

- 6 MWT should meet ATS standards
- If the claimant uses oxygen, keep oxygen at standard flow rate
- Use an indoor hallway 30 meters long (100 feet required) with turnaround points marked with cones and starting point taped off.
- Patients should use their normal cane or walker
- Rest for 10 minutes before starting test. Lean on the wall during test if needed.
- Record SpO2 at each minute without stopping
- Record Borg scale at each minute
- Record distance in meters or feet
- This test must be done at a standardized facility like a hospital or pulmonary lab

Pulmonary Function Test with DLCO & pre and post bronchodilators

CPT Code 94729 CPT Code 94060

DX:

***Please include post reading even if pre-values are above 80%**

Patient Name and information:

Name:

Phone number:

DOB:

Case ID:

Address:

Primary Insurance

Energy Employees OCCUP, Program

PO BOX 8304

London, KY 40742-8302

866-272-8302

INSURED:

Plan/Program ENERGY EMPLOYEES OCCUP>PROGRAM, Group#, Insured ID#

Copay: \$0.00



Damon Kalcich, DO
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NPI #1558571851

Date



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Please fill out and FAX back to 505-675-2788

Name: _____

Predicted HR Max (22-Age) _____

Date: _____

Age: _____

Medications: _____

WALK 1

Date: _____

Time: _____

Bronchodilator/time since last dose: _____

BP: _____		Supplemental OX: _____		Gait Aid: _____	
Time/Mins	SpO2	HR	Dyspnea	Rests	
Rest					
1					
2					
3					
4					
5					
6					
Recovery 1					
2					

**Distance: _____

Limiting factor to the test:

SOB Low SpO2 ☐ Leg Fatigue ☐ Other: _____

Therapist Signature: _____