



La Plata Medical Examiners

Bradley Campbell, DO CIME
Damon Kalcich, DO CIME
Graham Tull, MD CIME
Zach Weiss, MD
Justin Curbow, NP

Phone 505-556-1999
Fax 505-675-2788

783 NM 170
Farmington, NM 87401

scheduling@lpmedx.com
impairments@lpmedx.com

Date: 09/03/2025

The patient, John Smith

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: Silicosis (J62.8)

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

Patient Name and information:

Name: John Smith

Phone number: 555.123.4567

DOB: 05/15/1970

Case ID: ABC123

Address: 123 Main Street, Anytown, NY 12345

Primary Insurance

Energy Employees OCCUP, Program

PO BOX 8304

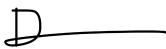
London, KY 40742-8302

866-272-8302

INSURED: John Smith

Plan/Program ENERGY EMPLOYEES OCCUP>PROGRAM, Group#, Insured ID# ABC123

Copay: \$0.00



Damon Kalcich, DO
La Plata Medical Examiners
NPI #1558571851

09/03/2025

Date



La Plata Medical Examiners

Bradley Campbell, DO CIME
Damon Kalcich, DO CIME
Graham Tull, MD CIME
Zach Weiss, MD
Justin Curbow, NP

Phone 505-556-1999
Fax 505-675-2788

783 NM 170
Farmington, NM 87401

scheduling@lpmedx.com
impairments@lpmedx.com

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: _____