4854 Beechnut
Houston, TX 77096
Main: 713-660-0663

Breathing Center of Houston

17937 I-45 S ste 143
Shenandoah, TX 77385
Main: 936-273-0015

Fax To: 877-849-1623

Patient: _____
(Please fill in or attach patient demographics):
DOB: _____
Phone: _____
Insurance: _____
Subscriber ID: _____

Physician: _____
NPI: _____
Phone: _____
Fax: _____
Referring Contact: _____

X	**Evaluate and Treat Dysfunction Secondary To:**				
	J44.1	COPD (acute) Exacerbation		J84.09	Bronchiolitis Obliterans
	J44.0	COPD acute lower respiratory infection		Z99.11	Dependence on respirator (ventilator) status
	J44.9	COPD, unspecified		135	Sarcoidosis
	J4.2	Unspecified Chronic Bronchitis		G47.33	Obstructive sleep apnea (adult) (pediatric)
	J4.39	Emphysema, unspecified		V46.11	Ventilator Dependency
	J84.10	Pulmonary fibrosis, unspecified		T86.819	Unspecified complication of lung transplant
	J47.0	Bronchiectasis with acute lower resp infection		Z94.2	Lung transplant status
	J47.1	Bronchiectasis with (acute) exacerbation		J84.112	Idiopathic pulmonary fibrosis
	J47.9	Bronchiectasis, uncomplicated		J84.115	Interstitial lung disease
	J39.9	Disease of upper respiratory tract		R53.82	Chronic fatigue, unspecified
	E84	Cystic Fibrosis		I27.2	Other secondary pulmonary hypertension
	E88.01	Alpha-1 Antitrypsin			Other:

X Pulmonary Therapy

Cardiopulmonary Physical Therapy will be 2-3 times per week for 12 weeks unless otherwise prescribed. During this program the patient will be educated and instructed in the following ways: Respiratory muscle training, Strength training, Upper and lower body conditioning, and Aerobic exercises. In addition the following baseline procedures will be performed for patient evaluation/ progress unless otherwise noted: The Six Minute Walking Test, Simple Spirometer Please attach any recent pulmonary function test results with the referral form.

Comments/Suggestions/Contraindications:

Physician Signature **Date**