

Breathing Centers of Acadiana

Fax To: 337-252-6293

Broussard

404 S. Eola Rd.
Broussard, LA 70518
Main: 337-252-6292

Patient: _____
DOB: _____
Phone: _____
Insurance: _____
Group ID: _____

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

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)
	J43.9	Emphysema		T86.819	Unspecified complication of lung transplant
	J84.10	Pulmonary fibrosis, unspecified		Z94.2	Lung transplant status
	J47.0	Bronchiectasis with acute lower resp infection		J84.112	Idiopathic pulmonary fibrosis
	J47.1	Bronchiectasis with (acute) exacerbation		J84.115	Interstitial lung disease
	J47.9	Bronchiectasis, uncomplicated		R53.82	Chronic fatigue, unspecified
	J39.9	Disease of upper respiratory tract		I27.0	Pulmonary hypertension
	E84	Cystic Fibrosis		I27.2	Other secondary pulmonary hypertension
	E88.01	Alpha-1 Antitrypsin		U09.9	Post-COVID condition, unspecified
	C34.90	Lung Cancer			Other:

Pulmonary Therapy

Pulmonary Rehab/Physical Therapy will be 2-3 times per week depending on your condition. 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-depth evaluation and functional tests will be performed prior to starting therapy and for progression monitoring.

Please attach any recent pulmonary function test results with the referral form.

Comments/Suggestions/Contraindications: _____

Physician Signature

Date

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