



PULMONARY FUNCTION TEST INSTRUCTIONS

We have scheduled you for a Pulmonary Function Test

Date: ____/____/____/ at _____ am/pm.

CARDIOLOGY

Anthony J. Bonner, M.D.

JoAnne L. Cobler, M.D.

Robert P. Gatewood, Jr., M.D.

Justine A. Krawczyk, M.D.

George E. Matthews, M.D.

Bernard M. Reen, M.D.,
Emeritus

INTERVENTIONAL CARDIOLOGY

John C. Corbelli, M.D.

Phong Nguyen-Ho, M.D.

HEART RHYTHM SERVICES

Richard J. Corbelli, M.D.

Grzegorz P. Rozmus, M.D.

NUCLEAR CARDIOLOGY

Michael E. D'Angelo, M.D.

Lisa C. Kozlowski, M.D.

Brian J. Riegel, M.D.

PULMONARY

James G. Lampasso, M.D.

Nalini J. Namassivaya, M.D.

Andras J. Vari, M.D.

PULMONARY SLEEP MEDICINE

Jeffery R. Neu, M.D.

Celestino Pietrantonio, D.O.

ADMINISTRATION

Gina Gray
Administrator

Joseph R. Hoestermann
CFO

DIETARY INSTRUCTIONS:

No Caffeine the day of the test

No smoking the day of the test

Light meals only the day of the test

No inhaled medications four (4) hours prior to the test

SPECIAL INSTRUCTIONS: If your test is not ordered by one of our physicians, please bring a prescription from your doctor with you.

CONCERNING PAYMENT: Please bring in all of your insurance cards and referral, if your insurance carrier requires one.

HOW TO OBTAIN TEST RESULTS: We ask that you follow up with the physician who ordered this test for you. The results will be sent to your doctor within 4-5 business days.

CANCELLATION: 24 hours notice is requested if you are unable to keep this appointment. Please call us at 565-6497 if you need to cancel and/or re-schedule this appointment.