

Name:	DOB:	Age:
<b>COPD Diagnosis— FEV1/FVC 4" 70% (Post Bronchodilator)</b>		
<input type="checkbox"/>	Acute bronchitis	
<input type="checkbox"/>	Chronic Airway obstruction (COPD)	
<input type="checkbox"/>	Emphysema—Emphysematous bleb <u>or</u> Other emphysema	
<input type="checkbox"/>	Cystic Fibrosis without mention of meconium ileus	
<input type="checkbox"/>	Cystic Fibrosis with pulmonary manifestations	
<input type="checkbox"/>	Simple Chronic Bronchitis	
<input type="checkbox"/>	Obstructive chronic bronchitis without exacerbation	
<input type="checkbox"/>	Obstructive chronic bronchitis, acute exacerbation	
<input type="checkbox"/>	Bronchiectasis-Bronchiectasis without acute exacerbation	
<input type="checkbox"/>	Bronchiectasis with acute exacerbation	
<input type="checkbox"/>	Alpha 1 Antitrypsin Deficiency -use with above	
<b>Non-COPD Diagnoses FEV1, FVC, or DLCO (uncorrected) ≤ to 65% (Post Bronchodilator)</b>		
<input type="checkbox"/>	Unspecified Asthma Cough variant Asthma <u>or</u> Chronic Obstructive Asthma unspecified	
<input type="checkbox"/>	Coal worker's Pneumoconioses	
<input type="checkbox"/>	Asbestosis	
<input type="checkbox"/>	Pneumoconiosis, unspecified	
<input type="checkbox"/>	Chronic respiratory conditions due to fumes & vapors	
<input type="checkbox"/>	Chronic & other pulmonary manifestations, radiation	
<input type="checkbox"/>	Post-inflammatory pulmonary fibrosis	
<input type="checkbox"/>	Pulmonary alveolar microllthiasis	
<input type="checkbox"/>	Idiopathic fibrosing alveolitis	
<input type="checkbox"/>	Interstitial Lung Disease (Diffusion Defect)	
<input type="checkbox"/>	Lung Cancer	
<input type="checkbox"/>	Chronic Respiratory Failure with hypoxia or hypercapnia	
<input type="checkbox"/>	Pre Lung Transplant Pre Lung Transplant	
<input type="checkbox"/>	Post Lung Transplant Post Lung Transplant	
<input type="checkbox"/>	Other Disorders of Lung - Other disorders of the lung not elsewhere classified	
<input type="checkbox"/>	135 – Sarcoidosis (plus Lung involvement) (Other Disorders of Lung)	
<input type="checkbox"/>	Other disorders of the lung not elsewhere classified	
<input type="checkbox"/>	Note: No ICD10 Code for Restrictive Lung Disease and it is not listed above in the ICD10-CM Book.	
Please include the following information with your referral - Physical Exam notes (dated and within 90 days of referral) - Any labs, X-rays, or Cardiac Testing that may be pertinent		For Office Use Only: - Pulmonary Function Test - Patient must be Non-Smoking, or willing to quit smoking
<i>I certify that I have reviewed the patient's chart and that the patient is willing and capable to participate in the Pulmonary Rehabilitation Program.</i>		
Physician Signature:	Date:	Time:
Print Physician Name:		