(See DD Form 2005 for Privacy Act Statement)

MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

REPORT TITLE

PULMONARY FUNCTION TEST INTERPRETATION

OTSG APPROVED *(Date)*

VALUES

	MEASURED VALUES		PREDICTED VALUES	% OF PREDICTED VALUES	
	PRE	POST		PRE	POST
FVC					
FEV1					
FEV1 / FCV					
FEF 25-75%					
FIVC					
PEF					

PROVIDER'S ASSESSMENT

Pulmonary technician's printed name	Provider's printed name or stamp

Height	Weight	Racial category	Sex	Age
		☐ Caucasian ☐ Non-caucasian	☐ Male ☐ Female	

(Continue on reverse)

PREPARED BY *(Signature & Title)*	DEPARTMENT/SERVICE/CLINIC	DATE
	Respiratory Therapy, Kimbrough Ambulatory Care Ctr	

PATIENT'S IDENTIFICATION *(For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)*

☐ HISTORY/PHYSICAL ☐ FLOW CHART

☐ OTHER EXAMINATION OR EVALUATION ☐ OTHER *(Specify)*

☐ DIAGNOSTIC STUDIES

☐ TREATMENT