Cardiology Test Lab
- Ambulatory BP monitor
- 24-Hr Holter Monitor
- 48-Hr Holter Monitor
- Electrocardiogram (EKG)
  - Event Monitor (30 day)
    - Real time event monitor
    - Looping event monitor
- Echocardiogram
  - Main Campus
  - Beavercreek Testing Center
  - South Campus
  - Pediatric Care Alliance - Springfield
- Echocardiogram with Sedation
- Exercise Test (Graded)
- Other

Pulmonary Diagnostic Lab
- Test Location
  - Main Campus
  - Springboro
- Patients 3 to 5 years old
  - Forced Oscillation Technique pre/post bronchiodilator
  - Forced Oscillation Technique without bronchiodilator (good for follow-up)
- Patients > 5 years old
  - Spirometry (flow only) pre/post bronchodilator
  - Spirometry without bronchodilator (good for follow-up)
  - Exhaled Nitric Oxide (eNO)
  - Spirometry, lung volumes, pre/post bronchodilator
  - Spirometry, lung volumes, diffusion capacity
  - Spirometry, lung volumes, diffusion capacity, pre/post bronchodilator
  - Respiratory muscle strength evaluation (MIP, MEP, MVV)
  - Exercise Induced Bronchospasm (includes spirometry pre/post ex post bronchiodilator)
- Methacholine challenge
- Preoperative testing/neuromuscular profile (includes spirometry, lung volumes, RAW, respiratory muscle strength tests). Pre/post bronchodilator and DLCO
- Helicobacter Pylori Breath Test
- Breath hydrogen test: Glucose, Lactulose, Lactose, Sucrose, Fructose

Neurodiagnostic Lab
- EEG (routine)
- 24 hour EEG
- Visually evoked potential
- Brainstem auditory evoked potential
- EMG with nerve conduction study
- Nerve conduction study

TEST ORDERS
Primary diagnosis ICD-10: ____________________________
Secondary diagnosis ICD-10: ____________________________
Onset of symptoms: _________________________________
X-ray/lab tests completed, when?: _______________________

Medications: ____________________________
How long on meds?: ____________________________
Allergies: ____________________________

Our goal is to process referrals within two business days. If unable to contact family within one week, we will notify your office.

Central Scheduling Notes: ____________________________
Dayton Children’s use only:

Appt Sched:
Date: ________________ Time: ________________
Spoke With: Mother Father Guardian

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