**Mark J. Buchfuhrer, M.D.**

DIPLOMAT OF THE AMERICAN BOARDS

OF INTERNAL MEDICINE, PULMONARY DISEASES

AND SLEEP MEDICINE

11480 Brookshire Avenue, Suite 108

Downey, CA 90241

(562) 904-1101 FAX (562) 904-1105

**Pulmonary Function Test (breathing test) Consent Form**

We are scheduling you for a pulmonary function test/breathing test which will be done in our office. We are reserving a room with our testing equipment and a technician for 45 to 60 minutes to perform this test.

There will be **$100 charge** if you do not show up for this test or if you do not inform us **at least 24 hours before your scheduled appointment time** that you will not be coming in for this test.

Please sign that you consent to this charge if you do not inform us at least 24 hours before this test that you are cancelling the test or if you do not show up for this test after you have confirmed your appointment.

If you do not confirm your appointment with our office 1 day before your test, we may cancel your test.

We cannot schedule you for this test until you complete and sign this form.

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Patient name Date

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Patient Signature Witness