

Patient Consultation Request

The Zephyr® Valve is an FDA-approved implantable device indicated for the bronchoscopic treatment of adult patients with hyperinflation associated with severe emphysema in regions of the lung that have little to no collateral ventilation. Zephyr Valves have been clinically proven to improve lung function, exercise capacity and quality of life.¹

Please fill out this form to request a patient consultation for the Zephyr Valve.

Inclusion Criteria

The information below will be used during your patient's evaluation for treatment. Patients should be considered for referral if they are breathless despite optimal medical management (mMRC ≥ 2) and have an FEV₁ of $\leq 50\%$ predicted.

Referring Physician Information

1. Primary Physician Name

2. Office Contact Person

Name:

Phone:

Fax:

Email:

Office address:

Suite #:

City:

State:

3. Primary Physician Signature

Patient Information

4. General Information

Name:

Insurance:

Gender:

Phone:

Email:

Address:

Apt #:

City:

State:

Brief Statement: The Pulmonx Zephyr® Endobronchial Valves are implantable bronchial valves indicated for the bronchoscopic treatment of adult patients with hyperinflation associated with severe emphysema in regions of the lung that have little to no collateral ventilation. The Zephyr Valve is contraindicated for: Patients for whom bronchoscopic procedures are contraindicated; those with evidence of active pulmonary infection; known allergies to Nitinol (nickel-titanium) or its constituent metals (nickel or titanium); known allergies to silicone, or with large bullae encompassing greater than 30% of either lung; Patients who have not quit smoking. The Zephyr Valve should be used with caution and only after careful consideration in treating patients with: Prior lung transplant, LVRS, median sternotomy, or lobectomy; Congestive heart failure or recent myocardial infarction; FEV₁ <15% of predicted value. Use is restricted to a trained physician. Prior to use, please reference the Zephyr Endobronchial Valve System Instructions for more information on indications, contraindications, warnings, all precautions, and adverse events.

5. Patient Clinical History and PFTs (if available)

HRCT chest (please provide if current)	Yes	No
	Date:	
Evidence of emphysema or hyperinflation on CT	Yes	No
	Date:	
Pulmonary rehab	Yes	No
	Number of Sessions:	
mMRC score		6MWD
FEV ₁ (L)		

Current pulmonary medications:

Does the patient have any significant comorbidities?

exacerbations/admissions in last year?

On O₂ (LTOT, ambulatory)?

To find physicians performing bronchoscopic lung volume reduction with Zephyr Valves, please visit www.zephyrcenters.com.

For a patient consultation, please contact:

For full prescriptive information, visit pulmonx.com/prescriptive-information.



Caution: Federal law restricts this device to sale by or on the order of a physician.

¹ Criner, G et al. Am J Resp Crit Care Med. 2018 Nov 1;198(9):1151–1164.

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