

PULMONARY FUNCTION REQUISITION

Firestone Institute for Respiratory Health
St. Joseph's Healthcare

TEL: 905-522-1155 EXT 36000
FAX: 905-523-5864 (LUNG)

NAME: _____
ADDRESS: _____
CITY/POSTAL CODE: _____ D.O.B. _____
HEALTH CARD#: _____ PH.#: _____
PHYSICIAN: _____

Appt. Date & Time: _____

Clinical Problems _____

Reason for Test(s) _____

Medications (Respiratory & Cardiac) _____

Haemoglobin (Most recent for correction of single breath D_LCO) _____ g/L; date measured _____

Appointment NOT Required (Hours of Operation 9:00 AM - 4:00 PM)

- Flow Volume Curves** (Spirometric values derived from a flow volume curve including FEV1, VC & Flow Rates)
 Repeat Flow Volume Curves post bronchodilator
 Skin Prick Tests to Common Allergens
(No antihistamines for 4 days)

Appointment Booking ESSENTIAL, please call TEL: 905-522-1155 EXT 36000
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- Pulmonary function** (flow volume curves, lung volumes, single breath D_LCO , airways resistance, maximal inspiratory / expiratory pressures and may include Mixed Venous $PvCO_2$ and oximetry)
 Repeat flow volume curve post bronchodilator
 Exercise test (progressive work on bicycle, flow volume curve, ECG, BP, heart rate & ventilation, VO_2 , VCO_2 , Oximetry)
 Repeat flow volume curve post exercise
 6 Minute Walk Test on Room Air otherwise specify oxygen requirements; _____
 Methacholine Challenge (to assess bronchial hyper-responsiveness)
 Arterial Blood Gases (on room air)
Sputum induction (inhalation of hypertonic saline) for:
Differential Cell Count Other; _____
 Specific allergen skin tests (ie Foods, Latex, Metals ...) please specify; _____
 Other, please specify; _____

Signature of ordering Doctor _____ Date signed _____

PHYSICIANS NAME AND FAX # PLEASE PRINT