



217-1385 BANK ST.  
OTTAWA, ON, K1H 8N4  
(T) 613 523-4444 (F) 613 523-6444

1. Consultation not required, Pulmonary Function Testing as indicated below:

OR

2. Please see this patient in Consultation/Follow up and perform Pulmonary Function Tests as indicated below. Please attach all relevant test results.

PATIENT NAME: \_\_\_\_\_ DOB (d/m/y): \_\_\_\_\_  
OHIP: \_\_\_\_\_ VERSION CODE: \_\_\_\_\_  
HOME Phone# \_\_\_\_\_ DAY Phone# \_\_\_\_\_

Reason for Test/Consult:

**\*\* NOTE: Pt must be 18 years or older for a consultation with our Respiriologists.\*\***

RESPIROLOGY CONSULT/FOLLOW UP+PFT **Dr. T. Keays** ☐  
RESPIROLOGY CONSULT/FOLLOW UP+PFT **Dr. J. Block** ☐  
RESPIROLOGY CONSULT/FOLLOW UP+PFT **Dr. M. Marovac** ☐  
**First Available** RESPIROLOGY CONSULT/FOLLOW UP+PFT ☐

- ☐ 1. Full Pulmonary Function Test (1-4)  
If possible patient should withhold inhalers per instructions pg 2
- ☐ 2. Spirometry Pre and Post Bronchodilator
- ☐ 3. Diffusion Capacity/Lung Volumes
- ☐ 4. Oxygen Saturation by Pulse Oximetry
- ☐ 5. Methacholine Challenge Test (prior PFT's are needed)  
If Asthma suspected: Patient to withhold short acting bronchodilator 8 hours, long acting bronchodilator 48 hours and inhaled steroid 2 weeks prior to testing. To determine control of hypersensitivity, stay on current medications. **Pt. must be 16 years or older.**
- ☐ 6. 6 Minute Walk Test with SpO2
- ☐ 7. Single Blind 6 Minute Walk Test for Oxygen Funding

Physician Signature

FAX#

TEL#

Doctor's Name and Billing Number \_\_\_\_\_

Please stamp here

**INHALER INSTRUCTIONS**

1. SHORT ACTING BRONCHODILATORS ie:

<i>Ventolin, Bricanyl</i>	HOLD 8 hours prior for PFT, Metha, Spirometry
<i>Atrovent</i>	HOLD 24 hours prior for PFT, Metha, Spirometry

2. LONG ACTING BRONCHODILATORS ie:

<i>Serevent, Oxeze, Spiriva</i>	HOLD 48 hours prior for PFT, Metha, Spirometry
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3. STEROID INHALERS ie:

<i>Flovent, Alvesco, Pulmicort, Qvar</i>	HOLD 2 weeks prior Metha only
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4. COMBINATION INHALERS ie:

<i>Advair, Symbicort, Zenhale</i>	HOLD 48 hours prior to PFT, Spirometry
	HOLD 2 weeks prior to Metha

5. LEUKOTRIENE MODIFIERS ie:

<i>Singular</i>	HOLD 24 hours prior to Metha
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6. ANTIHISTAMINES ie:

<i>Benadryl, Reactine, etc</i>	HOLD 72 hours prior to Metha
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7. **THEOPHYLLINE**

	HOLD 24 hours prior to Metha
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8. BETA BLOCKERS ie:

<i>Metoprolol, Atenolol, Propanolol, Bisoprolol</i>	HOLD day of Metha
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9. **SMOKING**

	HOLD day of PFT, Spirometry and Metha
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10. **CAFFEINE**

	HOLD day of Metha
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