

515-1385 BANK ST. OTTAWA, ON K1H 8N4

(T) 613 523 4444 (F) 613 523 6444

PATIENT NAME: _____ DOB (d/m/y): _____

OHIP: _____ VERSION CODE: _____

HOME Phone# _____ DAY Phone# _____

ADDRESS: _____

EMAIL: _____

FAMILY DR. IF DIFFERENT FROM REFERRING DR.: _____

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

Reason for Test/Consult:

Smoking Status:

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

- | | |
|--|--------------------------|
| RESPIROLOGY CONSULT/FOLLOW UP+PFT Dr. T. Keays | <input type="checkbox"/> |
| RESPIROLOGY CONSULT/FOLLOW UP+PFT Dr. M. Marovac | <input type="checkbox"/> |
| RESPIROLOGY CONSULT/FOLLOW UP+PFT Dr. O. Kify | <input type="checkbox"/> |
| RESPIROLOGY CONSULT/FOLLOW UP+PFT Dr. B. Wong | <input type="checkbox"/> |
| RESPIROLOGY CONSULT/FOLLOW UP+PFT Dr. JG. Leduc | <input type="checkbox"/> |
| First Available RESPIROLOGY CONSULT/FOLLOW UP+PFT | <input type="checkbox"/> |

↓↓ FOR TESTING ONLY REQUESTS: CHECK MARK BOXES THAT APPLY BELOW ↓↓

(Reason for Testing and Smoking Status Required)

- 1. Full Pulmonary Function Test (Instructions 1-3 pg. 2)
- 2. Spirometry Pre and Post Bronchodilator (Instructions 1-3 pg. 2)
- 3. Diffusion Capacity/Lung Volumes
- 4. 6 Minute Walk Test with SpO2
- 5. Single Blind 6 Minute Walk Test for Oxygen Funding
- 6. Exhaled Nitric Oxide Test: Supports clinical decisions when diagnosing, treating, and monitoring patients with asthma. Also serves as an objective reference to recognize loss of control with anti-inflammatory medication. (Instructions pg. 2)

A Payment of \$50.00 is due upon completion of the FENO test. Cash or Debit

Physician Signature _____ FAX# _____ TEL# _____

Doctor's Name and Billing Number _____

Physician's Stamp

INSTRUCTIONS

1. SHORT ACTING BRONCHODILATORS ie:

Ventolin, Bricanyl
Atrovent

HOLD 8 hours prior for PFT, Spirometry
HOLD 24 hours prior for PFT, Spirometry

2. LONG ACTING BRONCHODILATORS ie:

Serevent, Spiriva, Incruse, Tudorza

HOLD 48 hours prior for PFT, Spirometry

3. COMBINATION INHALERS ie:

Advair, Symbicort, Zenhale, Breo
Inspirolo, Trelegy

HOLD 48 hours prior to PFT, Spirometry

TEST INSTRUCTIONS:

- Do not eat, drink, or smoke for 1 hour before the test
 - Do not drink alcohol for 12 hours before the test
 - Inhalers should be taken according to your physician's request
 - Hold daily dose of prednisone until after the test
 - Reschedule if you have any cold or flu-like symptoms or are on antibiotics
 - Do not exercise for 1 hour before the test
- + A Payment of \$50.00 is due upon completion of the Exhaled Nitric Oxide Test. Cash or Debit.