



REQUISITION

Patient Information		
Last Name:	First Name:	PHN: DOB:
Address:	City:	Home Phone:
Province:	Postal Code:	Cell Phone:
Physician Information		
Referring Physician:	Phone Number:	Fax Number:
Family Physician: (If different than referring)	Phone Number:	Fax Number:
Specialist Consultation Requested (Please Check)		
<input type="checkbox"/> Consultation Pulmonary Function Testing will be performed at the time of consultation, if required.	<ul style="list-style-type: none"> Full consultation with Pulmonary Specialist (Dr. Marc Bibeau, Dr. Benjamin Chiam, Dr. Peter Wei, Dr. Dominic Carney) 	
Reason for Referral - Consult and/or Testing (MANDATORY REQUIREMENT):		
Test Requested (Please Check)		
<input type="checkbox"/> Spirometry**	<ul style="list-style-type: none"> Pre and post bronchodilator assessment for obstructive airways disease 	
<input type="checkbox"/> Full Pulmonary Function Testing**	<ul style="list-style-type: none"> More extensive testing including lung volumes and diffusion capacity 	
<input type="checkbox"/> Arterial Blood Gas	<ul style="list-style-type: none"> Please indicate if you would like your patient tested on or off oxygen 	
<input type="checkbox"/> Oximetry	<ul style="list-style-type: none"> Oximetry testing at rest and with exercise 	

*If possible, patient should avoid taking any short-acting bronchodilators for 4 hours prior to testing
 ie/ *Ventolin, Bricanyl, Atrovent*

**If possible, patient should avoid taking any long-acting bronchodilators for 12 hours prior to testing
 ie/ *Oxeze, Serevent, Symbicort, Advair, Spiriva*

**We request the patient refrain from smoking and from consuming caffeine for 3 hours prior to their appointment
 (no coffee, tea, cola drinks, chocolate, etc)

Aspen Centre, 8737-156 St NW, Edmonton, AB, T5R 1Y5
 Tel: (780) 498-1800, Fax: (780) 483-7774

www.thelunghealthclinic.com