



# 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)

Consultation  
**Pulmonary Function Testing will be performed at the time of consultation, if required.**

- Full consultation with Pulmonary Specialist (Dr. Marc Bibeau, Dr. Benjamin Chiam, Dr. Peter Wei, Dr. Dominic Carney)

**THIS SECTION MUST BE COMPLETED FOR REFERRAL TO BE BOOKED.**

Reason for Consultation or Testing:

## Test Requested (Please Check)

Spirometry\*\*

- Pre and post bronchodilator assessment for obstructive airways disease

Full Pulmonary Function Testing\*\*

- More extensive testing including lung volumes and diffusion capacity

Arterial Blood Gas

- Please indicate if you would like your patient tested on or off oxygen

Oximetry

- 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)

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