



**NORWOOD
SPECIALIST
CLINIC**

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PULMONARY FUNCTION REQUEST FORM

Patient Details

Full Name:		DOB:
Address:		
Mob PH:	Home PH:	
Medicare No:	Ref:	Exp:

Clinical Indication:	<i>Lab Use Only</i>	
Current Respiratory Treatment:	<i>Weight:</i>	<i>Height:</i>
	Required Services:	
<input type="checkbox"/> Physician Consultation		
<input type="checkbox"/> Full Lung Function		
<input type="checkbox"/> Sleep Study		
<input type="checkbox"/> Bronchial Provocation Test (Mannitol Challenge)		
<input type="checkbox"/> Spirometry (with Bronchodilator)		
<input type="checkbox"/> Other: _____		
*See Reverse for Test Instructions		

Requesting Doctor:	Requesting Dr Signature:
Provider Number:	Date: ____ / ____ / ____
Address:	Copies to:
Ph: ()	
Fx: ()	

**Please fax completed request forms to (08) 8219 0123 or email to
admin@norwoodspecialistclinic.com.au**

Patients should be aware that fees apply for all respiratory services and consultations and should be paid on the day via Cash, Visa, Mastercard or EFTPOS

Other Clinical Instructions:



PATIENT INFORMATION PRIOR TO TESTING

No smoking 4 hours before test

Spirometry & Full Lung Function Test

Do Not take:

- **4 hours before the test:** Ventolin (salbutamol) Asmol Airomir Atrovent Bricanyl
- **12 hours before the test:** Seretide Serevent Symbicort Oxis Foretile Bretaris Flutiform
- **24 hours before the test:** Spiriva Onbrez Seebri Ultibro Anoro Breo Incruse Nuelin Singulair Trelegy

Bronchial Provocation (Mannitol Challenge) Test

Do Not take:

- **8 hours before the test:** Ventolin (salbutamol) Asmol Airomir Intal Tilade Bricanyl
- **12 hours before the test:** Qvar Pulmicort Flixotide Alvesco Atrovent
- **24 hours before the test:** Seretide Serevent Symbicort Oxis Foradile Nuelin Onbrez Breo Flutiform Seebri Ultibro Bretaris Anoro Incruse Trelegy
- **3 days before test:** Demazin Polaramine Zyrtec Phenergan Avil Claratyne (loratadine) Telfast (fexofenadine) other hayfever medications Cold & Flu tablets Spiriva

Please avoid the above medications in accordance to the time frames listed. If this is not possible, continue your medication and consult your health care professional prior to any testing.

Please do not cease any medications other than those listed above.