

PULMONARY FUNCTION REQUEST FORM

Patient Details

Full Name:

DOB:

Address:

Mob PH:

Home PH:

Medicare No:

Ref:

Exp:

Clinical History:

Lab Use Only

Weight:

Height:

Current Respiratory Treatment:

Required Services:

- | | |
|---|---|
| <input type="checkbox"/> Spirometry (with Bronchodilator) | <input type="checkbox"/> Physician Consult |
| <input type="checkbox"/> Full Lung Function | <input type="checkbox"/> Sleep Study |
| <input type="checkbox"/> Mannitol Challenge | <input type="checkbox"/> Overnight Oximetry |
| <input type="checkbox"/> 6 Minute Walk Test | <input type="checkbox"/> Fractional Exhaled Nitric Oxide (FeNO) |
- *See Reverse for Test Instructions

Requesting Doctor:

Requesting Dr Signature:

Provider Number:

Address:

Date: ____ / ____ / ____

Ph: ()

Copies to:

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 Instruction:

PATIENT INFORMATION PRIOR TO TESTING		
Test	Do not use Medications listed below prior to tests	Withhold time
<u>Spirometry & Full Lung Function Test</u>	Salbutamol (Ventolin, Asmol, Airomir, Zempreon), Atrovent, Bricanyl *No smoking*	4 hours prior
	Seretide, Serevent, Symbicort, Oxis, Foradile, Bretaris, Flutiform, Breo Ellipta, Fostair, Ateectura, DuoResp Spiromax, OnBrez	12 hours prior
	Spiriva, Spiolto, Seebri, Ultibro, Anoro, Incruse, Trelegy, Brimica Genuair, Trimbrow, Enerzair, Nuelin, Singulair	24 hours prior
<u>Mannitol Challenge</u>	Salbutamol (Ventolin, Asmol, Airomir, Zempreon), Atrovent, Bricanyl	8 hours prior
	Seretide, Serevent, Symbicort, Oxis, Foradile, Bretaris, Flutiform, Breo Ellipta, Fostair, Ateectura, DuoResp Spiromax, OnBrez	12 hours prior
	Spiriva, Spiolto, Seebri, Ultibro, Anoro, Incruse, Trelegy, Brimica Genuair, Trimbrow, Enerzair, Nuelin, Singulair	24 hours prior
	Demazin, Polaramine, Zyrtec, Phenergan, Avil, Claratyne (loratadine) Telfast (fexofenadine) other hayfever medications and Cold & Flu tablets	3 days prior
<u>Fractional Exhaled Nitric Oxide (FeNO)</u>	Follow Spirometry/ Lung Function Test instructions. No food or drink for at least <u>1 hour</u> prior to testing.	
	Please also avoid the following foods on the day of testing: Vegetables - spinach, lettuce, beetroot, celery, chervil, radish, turnip; Fruits - strawberries, currants, raspberries, cherries, gooseberries; Processed meats - ham, bacon, salami; Other - alcohol, caffeine, cigarettes, exercise.	
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 provider. Please do not cease any medications other than those listed above.		