

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

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

PATIENT NAME:	PATIENT NAME:	DOB $(d/m/y)$:		
Reason for Test/Consult: *** NOTE: Pt must be 18 years or older for a consultation with our Respirologists.** RESPIROLOGY CONSULT/FOLLOW UP+PFT Dr. T. Keays RESPIROLOGY CONSULT/FOLLOW UP+PFT Dr. J. Block RESPIROLOGY CONSULT/FOLLOW UP+PFT Dr. M. Marovac RESPIROLOGY CONSULT/FOLLOW UP+PFT Dr. O. Kify RESPIROLOGY CONSULT/FOLLOW UP+PFT Dr.	OHIP:	VERSION CODE:		
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treating, and monitoring patients with asthma. Also serves as an objective reference recognize loss of control with anti-inflammatory medication. (Instructions 4 pg. 2) *A Payment of \$75.00 is due upon completion of the test. Cash Only*	RESPIROLOGY CONSULT/ RESPIROLOGY CONSULT/ RESPIROLOGY CONSULT/ RESPIROLOGY CONSULT/ First Available RESPIROLO 1. Full Pulmonary Funct 2. Spirometry Pre and P 3. Diffusion Capacity/Lt 4. 6 Minute Walk Test v 5. Single Blind 6 Minute 6. Methacholine Challer 7. Exhaled Nitric Oxide treating, and monitoring patients w recognize loss of control with anti-	FOLLOW UP+PFT DEFOLLOW UP+DEFOLLOW UP+DEFO	or. J. Block or. M. Marovac or. O. Kify or. B.Wong OW UP+PFT 1-3 pg. 2) nstructions 1-3 pg. gen Funding s 5 pg. 3) cal decisions whe res as an objectivation. (Instruction	diagnosing e reference to as 4 pg. 2)
Physician SignatureFAX#TEL#	Physician Signature	FAX#	TEL#	
Doctor's Name and Billing Number	Doctor's Name and Billing Number			

1. Consultation not required, Pulmonary Function Testing as indicated below:



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INSTRUCTIONS

1. SHORT ACTING BRONCHODILATORS ie:

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

2. LONG ACTING BRONCHOLDIATORS ie:

Serevent, Oxeze, Spiriva HOLD 48 hours prior for PFT, Spirometry

3. COMBINATION INHALERS ie:

Advair, Symbicort, Zenhale HOLD 48 hours prior to PFT, Spirometry

4. EXHALED NITRIC OXIDE 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 \$75.00 is due upon completion of the Exhaled Nitric Oxide Test. Cash Only.

5. METHACHOLINE CHALLENGE TEST INSTRUCTIONS:

- You should withhold Ventolin, and Bricanyl for 8 hour hrs and Atrovent for 24 hours prior to testing (unless it is medically necessary). Serevent, Oxeze, and Spiriva 48 hours, your physician may ask you to withhold Spiriva for one week prior.
- Flovent, Alvesco, Pulmicort, Qvar, Advair, Symbicort, and Zenhale for 2 weeks prior to testing or as instructed by your doctor.
- Do not take Singular for 24 hours prior to test
- No cold or allergy medications 3 days prior to the test.
- If you are taking Metoprolol or Atenolol, Propanolol or Bisoprolol, please take after the test.
- No smoking or caffeine day of test
- You must be clear of respiratory infection for 1 week before testing. Meaning, we will rebook your appointment if you are producing coloured sputum and/or on antibiotics