

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

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

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

OR

2. Please see this patient in Consultation/Follow up and perform Pulmonary Function Tests as indicated below.  
Please attach all relevant test results.

PATIENT NAME: \_\_\_\_\_ DOB (d/m/y): \_\_\_\_\_

OHIP: \_\_\_\_\_ VERSION CODE: \_\_\_\_\_

HOME Phone# \_\_\_\_\_ DAY Phone# \_\_\_\_\_

ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_

FAMILY DR. IF DIFFERENT FROM REFERRING DR.: \_\_\_\_\_

**Reason for Test/Consult:**

**Smoking Status:**

\*\* NOTE: Pt must be 18 years or older for a consultation with our Respirologists. And 6 years or older for PFT/Spirometry\*\*

- |  |                          |
|--|--------------------------|
| RESPIROLOGY CONSULT/FOLLOW UP+PFT <b>Dr. T. Keays</b>    | <input type="checkbox"/> |
| RESPIROLOGY CONSULT/FOLLOW UP+PFT <b>Dr. J. Block</b>    | <input type="checkbox"/> |
| RESPIROLOGY CONSULT/FOLLOW UP+PFT <b>Dr. M. Marovac</b>  | <input type="checkbox"/> |
| RESPIROLOGY CONSULT/FOLLOW UP+PFT <b>Dr. O. Kify</b>     | <input type="checkbox"/> |
| RESPIROLOGY CONSULT/FOLLOW UP+PFT <b>Dr. B. Wong</b>     | <input type="checkbox"/> |
| <b>First Available</b> RESPIROLOGY CONSULT/FOLLOW UP+PFT | <input type="checkbox"/> |

- 1. Full Pulmonary Function Test (Instructions pg. 2)
- 2. Spirometry Pre and Post Bronchodilator (Instructions pg. 2)
- 3. Diffusion Capacity/Lung Volumes
- 4. 6 Minute Walk Test with SpO<sub>2</sub>
- 5. Single Blind 6 Minute Walk Test for Oxygen Funding
- 6. Exhaled Nitric Oxide Test: Supports clinical decisions when diagnosing, treating, and monitoring patients with asthma. Also serves as an objective reference to recognize loss of control with anti-inflammatory medication. (Instructions pg. 2)

\*A Payment of \$100.00 is due upon completion of the FENO test. Cash or Debit\*

Physician Signature \_\_\_\_\_ FAX# \_\_\_\_\_ TEL# \_\_\_\_\_

Doctor's Name and Billing Number \_\_\_\_\_

Physician's Stamp

**INSTRUCTIONS**

## 1. SHORT ACTING BRONCHODILATORS ie:

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

## 2. LONG ACTING BRONCHODILATORS ie:

*Serevent, Spiriva, Incruse, Tudorza*      HOLD 48 hours prior for PFT, Spirometry

## 3. COMBINATION INHALERS ie:

*Advair, Symbicort, Zenhale, Breo*      HOLD 48 hours prior to PFT, Spirometry  
*Inspiroto, Trelegy*

## 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 \$100.00 is due upon completion of the Exhaled Nitric Oxide Test. Cash or Debit.