Pulmonary Function Lab
St. Joseph's Hospital
268 Grosvenor St, Outpatient Registration: Room B3-030
London, ON N6A 4V2
Phone: 519-646-6000 ext. 61389
Fax: 519-646-6164

PULMONARY FUNCTION TEST REFERRAL FORM

Please complete all sections and FAX to **519-646-6164** *

Note: Testing is contra-indicated for 4 weeks post eye surgery.

PATIENT INFORMATION	REFERRING PHYSICIAN INFORMATION
Name:	Name:
Gender: M F	Telephone #
Date of Birth: (YYYY/MM/DD)	Fax #
Health Card #	Signature:
Telephone #:	

CLINICAL INFORMATION:

1. **Reason for Referral** *(Query?):* _____

2. **Respiratory Medications:** ☐ No ☐ Yes (please list)
   Current Respiratory Medications: _____
   _____
   _____

3. **Tests Requested** (please check one only):
   - ☐ Full PFTS: Spirometry, Lung Volumes, Diffusing Capacity and O2 Sat.
   - ☐ Full PFTS Pre- and Post-Bronchodilator and O2 Sat. ***please review and sign reverse of this form***
   - ☐ Spirometry and O2 Sat.
   - ☐ Spirometry Pre- and Post-Bronchodilator and O2 Sat. ***please review and sign reverse of this form***

PULMONARY FUNCTION LAB USE ONLY

☐ Appointment Date and Time: _____
☐ Patient missed or canceled appointment. If testing is still required, please re-send referral form.

Instructions: _____

Location: St. Joseph's Hospital, 268 Grosvenor St., London, ON, Pulmonary Function Lab, Outpatient Registration: Room B3-030

Please inform patients that they will receive an automated reminder call of their appointment one week prior, to change their preferred contact number they must call 519-646-6019.

If you have referred your patient for a Pre/Post Test see the list below to determine if your patient may stop their medication for the required time before their appointment. Failure to complete this section will result in the inability to schedule this appointment.

DRUG	Hours Withheld
ACCOLATE	0
ADVAIR	24
AIROMIR	6
ALVESCO	0
ANORO	48
APO-SALVENT	6
ASMANEX	0
ATROVENT	12
BREO	48
BRICANYL	6
COMBIVENT	12
DUAKLIR	48
FLOVENT	0
FORADIL	24
FORMOTEROL	24
INCRUSE	48
INSPIOLTO	48
MONTELUKAST	0
ONBREZ	48

DRUG	Hours Withheld
OXEZE	24
PULMICORT	0
QVAR	0
SALBUTAMOL	6
SALMETEROL	24
SEEBRI	48
SEREVENT	24
SINGULAIR	0
SPIRIVA	48
SYMBICORT	24
TERBUTALINE	6
TIOTROPIUM	48
TORNALATE	6
TRELEGY	48
TUDORZA	48
ULTIBRO	48
VENTOLIN	6
ZAFIRLUKAST	0
ZENHALE	24

I have reviewed the medication list and advised my patient that they may safely withhold the medications as required for testing.

Physician signature: _____ Date:_____