Pulmonary Function Lab
St. Joseph's Health Care London
268 Grosvenor St, London, ON N6A 4V2
Outpatient Registration: Room B3-030
Zone B, Level 3
Phone: 519 646-6000 ext. 61389, Fax: 519 646-6164

PULMONARY FUNCTION TEST REQUISITION. PLEASE FAX to **519 646-6164**
ALL SECTIONS ON PAGE 1 & 2 MUST BE COMPLETED AND SIGNED TO BE TRIAGED

Patient Information		**Referring Provider Information**	
Last Name:		Name:	
First Name:		Phone:	
HC #:		Fax:	
Date of Birth:			
Gender:		**Signature**:	
Phone:			

Reason for request:

Choose ONLY ONE test:

- ☐ **Screening for COPD**
  (Pre/post bronchodilator spirometry)
  **Withhold bronchodilators – please refer to chart on second page for required withhold times*
- ☐ **Screening for Asthma**
  (Pre/post bronchodilator spirometry)
  **Withhold bronchodilators – please refer to chart on second page for required withhold times*
- ☐ **Asthma or COPD Follow up**
  (Spirometry only)
- ☐ **Shortness of breath NYD/ Chronic Cough/ Pre-Op Assessment/ Other**
  (Full Pulmonary Function Testing)
- ☐ **Interstitial Lung Disease**
  (Full Pulmonary Function Testing)
- ☐ **Other specific pulmonary function tests request not listed, please contact 519-646-6000 x61389 for assistance**

CONTRAINDICATIONS:

- Surgery within past 4 weeks
- Recent heart attack or stroke
- Uncontrolled/untreated aneurysm
- TB or Active Infection

PFT Lab Use Only:

Appointment: _____

☐ Patient missed or cancelled appointment. If testing is still required, please send **NEW** requisition.

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.**

Please check the box to indicate if the patient is currently not taking medication.

☐ **No respiratory medications in use**

Please check boxes next to medications to indicate which medications the patient is currently taking.

	MEDICATION	HOURS WITHHELD		MEDICATION	HOURS WITHHELD		MEDICATION	HOURS WITHHELD
	ACCOLATE	0		FLOVENT	0		SINGULAIR	0
	ADVAIR	24		FORADIL	24		SPIRIVA	48
	AIROMIR	6		FORMOTEROL	24		SYMBICORT	24
	ALVESCO	0		INCRUSE	48		TERBUTALINE	6
	ANORO	48		INSPIOLTO	48		TIOTROPIUM	48
	ARNUITY	0		MONTELUKAST	0		TORNALATE	6
	ASMANEX	0		ONBREZ	48		TRELEGY	48
	ATECTURA	48		OXEZE	24		TUDORZA	48
	ATROVENT	12		PULMICORT	0		ULTIBRO	48
	BREO	48		QVAR	0		VENTOLIN	6
	BREZTRI	48		SALBUTAMOL	6		WIXELA	24
	BRICANYL	6		SALMETEROL	24		ZAFIRLUKAST	0
	COMBIVENT	12		SALVENT	6		ZENHALE	24
	DUAKLIR	48		SEEBRI	48			
	ENERZAIR	48		SEREVENT	24			

I have reviewed the information above and advised my patient to hold, if required, or continue their medication as usual.

Physician Signature: _____ **Date:** _____