



CREDIT VALLEY PULMONARY DIAGNOSTICS

PULMONARY FUNCTION TEST REQUISITION

2300 Eglinton Ave W, Suites 510/512

Mississauga ON, L5M 2V8

T: (905) 569-7600 | F: (905) 607-3002

www.cvpft.com | email: info@cvpft.com

Appointment Date:

Date: dd/mm/yyyy

Time: _____

Patient Information

SURNAME:		DOB: DD/MM/YY	
GIVEN NAME(S):		GENDER:	
HEALTH CARD #:			
PHONE (H):		PHONE (C):	
APT #:		ADDRESS:	
CITY:		POSTAL CODE:	
Referring Physician's Name (print): _____			
Address:		Phone: _____	
		Fax: _____	
		OHIP #: _____	
		Date Referral Sent: <u>DD/MM/YYYY</u>	
Copies To: _____			
Signature: _____		Request Status: <input type="checkbox"/> Urgent <input type="checkbox"/> Routine	
<ul style="list-style-type: none"> • Please FAX this completed requisition. The appointment will be booked directly with the patient. • Please give patient a printed copy of the test preparation instructions or refer them to our website. 			

<p>Pulmonary Function Testing Requested (Complete PFT is recommended for the breathless patient)</p> <p><input type="checkbox"/> Complete PFT (Includes Pre/Post Spirometry, Lung Volumes, Diffusion)</p> <p><input type="checkbox"/> Spirometry Pre and Post Bronchodilator Only</p> <p>History</p> <p><input type="checkbox"/> Smoker _____ Pack-Years</p> <p><input type="checkbox"/> Ex-Smoker _____ Pack-Years</p> <p><input type="checkbox"/> Pulmonary Medications: _____</p> <p><input type="checkbox"/> Hgb: _____ g/L on _____ (date within three months of appointment)</p> <p><input type="checkbox"/> Oxygen _____ L/min</p>	<p>Reason Testing Requested:</p> <p><input type="checkbox"/> SOB/Dyspnea</p> <p><input type="checkbox"/> Chronic Cough</p> <p><input type="checkbox"/> Asthma</p> <p><input type="checkbox"/> Asthma Screen</p> <p><input type="checkbox"/> Sarcoidosis</p> <p><input type="checkbox"/> COPD</p> <p><input type="checkbox"/> COPD Screen</p> <p><input type="checkbox"/> Pre/Post-Op Assessment</p> <p><input type="checkbox"/> Interstitial Lung Disease</p> <p><input type="checkbox"/> Abnormal Chest X-Ray</p> <p><input type="checkbox"/> Bronchiectasis</p> <p><input type="checkbox"/> Follow Up: _____</p> <p><input type="checkbox"/> Other: _____</p>
<p>SPECIAL INSTRUCTIONS: <input type="checkbox"/> Other (please explain)</p> <p>_____</p> <p>_____</p> <p>_____</p>	



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Patient Preparation for Testing

Your doctor has ordered a pulmonary function test. This consists of a series of breathing maneuvers that will help to determine the health of your respiratory system. The test is not painful and will take approximately 30-45 minutes.

****Please Note:** Inform the office if you have had eye surgery or abdominal surgery within 6 weeks before your test date.**

Special Instructions:

Unless you have received a specific instructions from your doctor and your breathing condition is stable, **please STOP the following medications prior to testing. They should be resumed after testing.**

Stop 4 Hours Before:

- Ventolin (Salbutamol, Apo-Salvent, Novo-Salbutamol), Atrovent, Combivent, Bricanyl

Stop 12 Hours Before:

- Advair, Symbicort, Zenhale, Breo, Trelegy
- Spiriva, Seebri, Tudorza, Onbrez, Incruse
- Ultibro, Anoro, Duaklir, Inspirolo
- Oxeze, Foradil, Serevent

Stop 48 Hours Before:

- Theophylline

These puffers DO NOT need to be stopped:

- Flovent, Alvesco, Asmanex, Pulmicort, Arnuity, QVAR

General Preparation:

1. Stop inhaled medications prior to testing as outlined above.
2. Do not smoke for at least FOUR hours before the test.
3. If you are unable to follow verbal instructions in english, please bring someone who can translate for you.
4. You may wish to bring water to drink if you are prone to coughing or dry mouth.
5. Please try your best to ARRIVE ON TIME for your appointment. Finding parking and traffic delays may take longer than expected. Your test may be delayed or re-scheduled for late arrival.
6. Please call our office to postpone the test if you have the flu, a fever, severe headache or diarrhea.
7. If you are unable to keep this appointment, please call the office at (905) 569-7600.

Please talk to your doctor, phone or email our office, or refer to our website if you have ANY questions or concerns about your test.