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: DD/MM/YYYY

Copies To: _____

Signature: _____ Request Status: ❑ Urgent ❑ Routine

- 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.

Pulmonary Function Testing Requested
(Complete PFT is recommended for the breathless patient)

- ❑ Complete PFT (Includes Pre/Post Spirometry, Lung Volumes, Diffusion)
- ❑ Spirometry Pre and Post Bronchodilator Only

History

- ❑ Smoker _____ Pack-Years
- ❑ Ex-Smoker _____ Pack-Years
- ❑ Pulmonary Medications: _____
- ❑ Hgb:_____ g/L on _____ (date within three months of appointment)
- ❑ Oxygen _____ L/min

SPECIAL INSTRUCTIONS: ❑ Other (please explain)

_____

_____

_____

Reason Testing Requested:

- ❑ SOB/Dyspnea
- ❑ Chronic Cough
- ❑ Asthma
- ❑ Asthma Screen
- ❑ Sarcoidosis
- ❑ COPD
- ❑ COPD Screen
- ❑ Pre/Post-Op Assessment
- ❑ Interstitial Lung Disease
- ❑ Abnormal Chest X-Ray
- ❑ Bronchiectasis
- ❑ Follow Up: _____
- ❑ Other: _____

_____

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Patient Preparation for Testing

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

Your OHIP (Ontario Health Insurance Plan) does not cover missed appointments, and as a result a fee of $150 is charged for missed appointments directly to the patient. Please let our office know as soon as possible if you are unable to keep your appointment.

****Please Note:** Inform the office if you have had eye, abdominal, brain, sinus, or ear surgery within 4 weeks of your test date. Please inform us if you have suffered a recent concussion, have been diagnosed with a cerebral aneurysm or are currently pregnant. ****

Special Instructions:

Unless you have received 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 6 Hours Before:
- Ventolin (Salbutamol, Apo-Salvent,Teva-Salbutamol,Novo Salbutamol),Bricanyl.

Stop 12 Hours Before:
- Atrovent, Combivent

Stop 24 Hours Before:
- Advair, Symbicort, Zenhale, Oxeze

Stop 48 Hours Before:
- Breo, Trelegy, Atectura, Enerzair, Anoro, Spiriva, Incruse, Inspiolto, Tudorza, Duaklir, Ultibro, Breztri, Seebri

You may continue taking any medications that are not listed above.

General Preparation:

1. Stop inhaled medications prior to testing as outlined above.
2. Do not smoke or vape on the day of your 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 rescheduled for late arrival.
6. Please call our office to postpone the test if you have new cold / flu symptoms, a fever, severe headache or diarrhea.
7. Please refrain from vigorous exercise on the day of the test.

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.