



LUNG FUNCTION REQUEST (A)

Frankston Hospital, Dept Thoracic Medicine
Hastings Rd, Frankston
Rosebud Hospital - Point Nepean Rd Rosebud

Bookings: (03) 9788 1753
Fax: (03) 9784 2349
(Mon – Fri 9am - 4pm)

UR NUMBER.....

SURNAME.....

GIVEN NAMES.....

DATE OF BIRTH

Please fill in if no Patient Label available

App.24/10/16 Print Code:10814



P H F 0 5 5 4 2 6 }

Appointment:

Day

Date/...../.....

Time

Clinical Notes:

Tests Required:

- Spirometry
- Diffusing Capacity
- Bronchial Provocation
(Baseline Spirometry required prior)
 - Direct challenge – Histamine
 - Indirect challenge – Mannitol

Date:/...../.....

Time
- Other

Requesting doctors details

Name:

Address:

Provider No.

Date:

Copies to:

Signature:

Please bring along your Medicare/DVA Gold card and referral form.

TEST 1 & 3 : Unless your doctor advises otherwise, please withhold the following medication prior to this test:

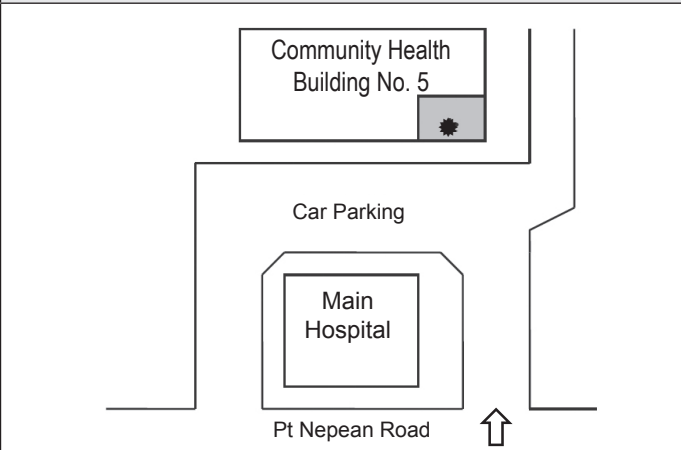
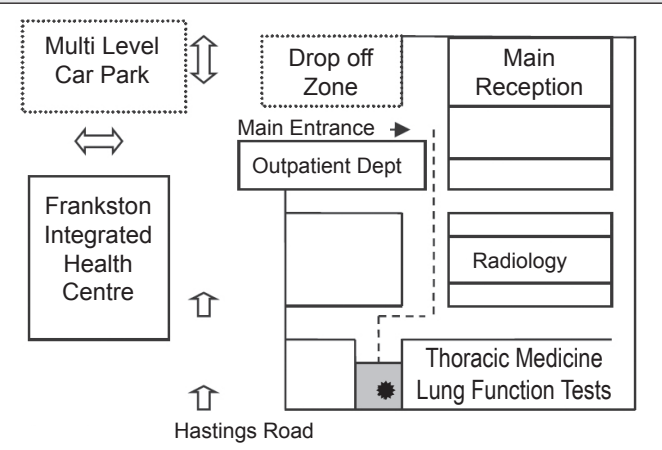
- Airomir, Asmol, Bricanyl, Epaq, Ventolin - 4 hours
- Atrovent – 8hrs
- Breo, Flutiform, Foradile, Intal, Intal Forte, Neulin, Oxis, Seretide, Serevent, Symbicort, Theo-dur, Tilade - 12 hours
- Anoro, Bretaris, Brimica, Incruse, Onbrez, Seebri, Spiolto, Spiriva, Ultibro - 24 hours

TEST 3: Withhold antihistamines 3 days prior to this test. Eg Claramax, Claratyne, Polaramine, Telfast, Zyrtec.

Note: Test 3 it is essential to stop all puffers and withhold antihistamines as outlined above.
Failure to do so will result in rescheduling of the test.

Frankston Hospital
Enter through Main Entrance
*Department of Thoracic Medicine
(Lung Function Laboratory)

Rosebud Hospital
Community Health Building
*Lung Function Laboratory
(report to Community Health Reception)



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MR/055426