

#### Wattletree Lung Function Services

267 Cranbourne Road, Frankston VIC 3199 Email: reception@wattletreecons.com.au Phone: (03) 9776 6933 | Fax: (03) 9775 5074

#### LUNG FUNCTION REQUEST FORM

Appointment Date: Ap		pintment Time:	AM   PM		
Patient Details					
Given Name:		Surname:			
D.O.B: Sex: $\Box$ M $\Box$ F		Phone:			
Address:					
	Investi	gations			
Spirometry (Pre and Post Bronchodilator)					
Diffusing Capacity (DLCO)					
Bronchial provocation test					
Mannitol challenge					
MIPS/MEPS - respiratory muscle strength					
	Requesting D	Ooctor Details			
Name:		Provider Number:			
Address:					
Signature:					
Date:					
Copy result to:					
Clinical Notes					
Clinical question (reason	for test) :				

History:			
,			
Smoker:	🗌 Yes	🗌 No	Ex Ex
Smoker: Medications:	Yes	□ No	L Ex
	Yes	□ No	L Ex



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#### **PATIENT INSTRUCTIONS**

## **Before All Tests:**

We prefer you not to take any puffers (unless otherwise instructed)

- NO Ventolin, Respolin, Asmol, Bricanyl for 6 hours
- **NO** Atrovent, Seretide, Serevent, Symbicort, Oxis, Foradile, Spiriva or Antihistamine tablets for 12 hours
- NO smoking within 4 hours

## Before Bronchoprovocation Tests, as above plus:

- NO tea, coffee, chocolate or caffeinated drinks to be consumed on the test day
- **NO** oral steroids such as Prednisilone, Prednisone, Dexamethasone for 3 days

## \* Please bring this referral with you to your test



# IF YOU ARE MORE BREATHLESS THAN USUAL AFTER STOPPING THE ABOVE MEDICATIONS, PLEASE CONTACT YOUR DOCTOR AND RESUME TAKING THE MEDICATIONS.