

South: Suite 100, 3916 Macleod Trail SE, Calgary, AB, T2G 2C5 North: Suite 2170, 3950 Sage Hill Drive, NW, Calgary, AB, T3R 2A4 Phone: 587.534.0513 Toll-Free: 1.877.390.3788 Fax: 403.365.4321

REQUISITION FORM

Referral Date	: DD/	MM/YY	Appointme	ent Date:	DD/MM/YY		
Urgency of Referral Urgent Semi-Urgent Routine							
PATIENT INFO Please fill in all the requested information below.							
Last Name	First Nan	ne	Date of Birth	DD/MM/YY	Male Female Other		
Street Address			AMC	Height	CM WeightKG		
City	Province	Postal Code	Phone	Email			
TEST REQUEST							
PFT (6 years	PFT (6 years and above)			PFT Repeat every months			
Spiro/DLCO (6 years and above)			Arterial Blood Gas (ABG)				
Spirometry Only (6 years and above)			Mannitol Test (12 years and above)				
PFT + MIPS/MEPS			Methacholine Challenge Test (6 years and above)				
				p perform bronchial o n 6 months is require	0		
Respirolog	gy Consult (Offered	ONLY at South Location)	Certified	Respiratory The	erapist Assessment		
	REASON F	OR REFERR	AL/CLINIC	CAL CONC	CERNS		

REFERRING PHYSICIAN INFO

Referring	Physician

Location

PRAC ID

PREP INFORMATION

- The complete pulmonary function test takes around 45 minutes to 1 hour.
- The patient may need to stop inhalers 4 hours prior to the test or as advised.
- Smoking should be avoided 2 hours prior to the test.
- Patient should avoid heavy meal prior to the test.

Phone _____

Fax _

Family MD_

Signature

CC Dr. _____

CONTRAINDICTIONS

If you had any of the following, please inform the booking administrator as your appointment would need to book accordingly:

- Myocardial infarction (heart attack) or Cerebral Vascular Accident (stroke) within the last month.
- Currently actively coughing up blood.
- Any surgery or procedure done within the last 6-8 weeks.