

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

RespiratoryPlus

Referral Date: DD/MM/YY	Appointment Date: DD/MM/YY
Urgency of Referral Urgent Semi-Urgen	nt Routine
	TIENT INFO the requested information below.
Last Name First Name	Date of BirthDD/MM/YY Male Female Ot
Street Address	AMC Height Weight
City Province Postal Code	Phone Email
TES	T REQUEST
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)
	Note: In order to perform bronchial challenge test, PFT within 6 months is required.
Respirology Consult (Offered ONLY at South Loc	cation) Certified Respiratory Therapist Assessment
REASON FOR REFE	RRAL/CLINICAL CONCERNS
REFERRIN	G PHYSICIAN INFO
Referring Physician	Phone Fax
Location	Family MD
PRAC ID	CC DrSignature
DDED INFORMATION	CONTRAINDICTIONS

IFURIMATIO

- 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.

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.