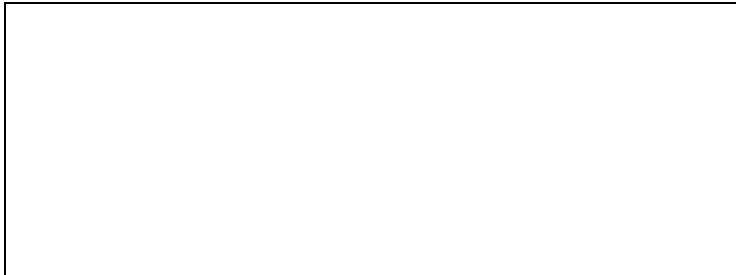




**Lennox and Addington
County General Hospital**



Pulmonary Function Test Request

Appointment Date: _____

Outpatient Clinic

Tel: (613)354-3301 ext.208; Fax: (613)354-4937

****PLEASE NOTIFY PATIENTS TO HOLD THE FOLLOWING INHALERS PRIOR TO THE TEST.
PATIENTS SHOULD BRING INHALERS TO TEST****

**SABA/SAAC i.e. Ventolin– withhold 4 hrs prior LAAC i.e. Spiriva, Seebri - withhold 24 hrs prior
ICS, Combo ICS/LABA, LABA i.e. Flovent, Advair, Serevent – withhold 12 hrs prior**

Name: _____ Date of Birth (D/M/Y) _____

Address: _____ Postal Code _____

Home Phone _____ Work Phone _____

Referring Physician _____ ****Physician Signature Required:** _____

Diagnosis/Medical Information: _____

Current Medications: _____

Home Oxygen? Yes Liter flow _____ No

Previous PFT Yes _____ Where? _____ Please include copy of results if available No _____

STUDIES REQUESTED:

- Studies:
- Routine** (flow volume loop, lung volumes, airway resistance, diffusion and oxygen saturation)
 - Post Bronchodilator** (Repeat flow volume loop after **4 puffs of Salbutamol** given)
 - Spirometry (flow volume loop only with saturation)
 - Maximal pressures (MIPs/MEPs)
 - Blood Gas only _____ on room air _____ L/min of oxygen

Oxygen Assessments:

- O2 saturation rest and exercise for oxygen titration (O2 will be provided during test for SpO2 less than 88%)
- Independent Exercise Assessment** for home oxygen funding
This test includes ABG on room air/ oxygen saturation @ rest and exercise if IEA presents reasonable cause for these interventions.
REMINDER: Independent exercise assessment for HOP funding requires review with Respiriologist or Internal Medicine.