


RESPIRATORY DIAGNOSTIC REQUISITION		Patient Information:	
 <p>Department of Cardio-Respiratory/ Diagnostic Imaging 310 Juliana Drive Woodstock, ON N4V0A4 Phone: 519-421-4204 Fax: 519-421-4241 Central Bookings Phone: 519-537-2381 Fax: 519-421-4238</p>	Name (Last, First): _____ DOB: _____ <input type="checkbox"/> M <input type="checkbox"/> F PIN: _____ MMM DD YYYY * Patient must be over 12 years old* Address: _____ Phone Number (Home): _____ (Other): _____ Health Card Number: _____ Version Code: _____		
	Referring Physician or Other Authorized Health Care Provider		Smoking History: <input type="checkbox"/> Non-smoker <input type="checkbox"/> Smoker: Years smoked: _____ Number of cigarettes per day (maximum): _____ <input type="checkbox"/> Ex-smoker: Quit Date: _____ MMM DD YYYY Number of cigarettes per day (maximum) : _____
Name (Please Print): _____ Phone: _____ Fax: _____ <div style="border: 2px solid black; padding: 5px; margin-top: 10px;"> Ordering Physician or Authorized Health Care Provider Signature: </div> Copy to: _____		Relevant Patient History:	
EXAMINATION:		PATIENT PREPARATION (further details on page 2):	
<input type="checkbox"/> Spirometry - Pre and Post Bronchodilator <input type="checkbox"/> No Post Bronchodilator <input type="checkbox"/> Special instructions _____		<ul style="list-style-type: none"> Withhold breathing medications and inhalers on day of exam unless otherwise indicated 	
<input type="checkbox"/> Full Pulmonary Function Test (PFT) Includes: Spirometry - pre and post bronchodilator, Airway Resistance, Lung Volumes, Diffusion Capacity <input type="checkbox"/> No Post Bronchodilator <input type="checkbox"/> Special instructions _____		<ul style="list-style-type: none"> Do not smoke 6 hours prior to exam Withhold breathing medications and inhalers on day of test unless otherwise indicated 	
<input type="checkbox"/> Respiratory Muscle Strength - Maximal Inspiratory Pressure (MIP), Maximal Expiratory Pressure (MEP)		<ul style="list-style-type: none"> No preparation required 	
<input type="checkbox"/> Oximetry (Oxygen Saturation at Rest) <input type="checkbox"/> Exertional Hypoxemia Test (Home O2 assessment) <input type="checkbox"/> 6 Minute Walk Test		<ul style="list-style-type: none"> No preparation required 	
<input type="checkbox"/> Arterial Blood Gases (ABG)		<ul style="list-style-type: none"> No preparation required 	
<input type="checkbox"/> Other: _____			
CONTRAINDICATIONS (Please note exam will be cancelled if):			
<ul style="list-style-type: none"> Recent heart attack (within 4 weeks) Recent surgery of eye, chest, or abdomen (within last 6 weeks) 		<ul style="list-style-type: none"> Acute respiratory illness Active or suspected tuberculosis Patient is under 12 years of age 	
Appointment Date:		Appointment Time:	
BOOKINGS CANNOT BE MADE UNLESS REQUISITION IS COMPLETED IN FULL Please submit completed requisition by fax to Central Bookings: 519-421-4238 PLEASE BRING THIS REQUISITION AND YOUR HEALTH CARD To cancel or reschedule your appointment please call Central Bookings: 519-537-2381			



PREPARATION for ALL PULMONARY FUNCTION EXAMINATIONS

- Avoid food or drinks with caffeine, and avoid eating a heavy meal at least 2 hours before the exam
- Do not smoke or exercise vigorously for 6 hours before the exam
- Do not use scented products
- Wear loose, comfortable clothing
- Bring a written list of current medications
- Please arrive 20 minutes before your appointment time
- **Check in on the Main Floor Diagnostic Imaging , Cardio-Respiratory Reception. Late arrivals may be rebooked**

EXAM	EXAM DESCRIPTION	DURATION
Spirometry (Partial Pulmonary Function and Flow Volume Loop)	<ul style="list-style-type: none"> • This test involves you taking a full breath in and blowing out as hard and fast as you can for as long as possible into a calibrated spirometer. Measurements are made of how well your lungs can be emptied and filled with air. The test is performed while sitting down, with legs uncrossed and correct posture • You may be asked to repeat the blow into the machine after taking a breathing medicine (bronchodilator) this may allow your Physician to determine if a breathing medication (bronchodilator) helps you to breathe better 	30 minutes
Full Complete Pulmonary Function Test (PFT)	<ul style="list-style-type: none"> • The full test includes Spirometry as well as tests to measure the size of your lungs, and how fast oxygen gets into your blood 	60 minutes
Oximetry (Oxygen Saturation at Rest)	<ul style="list-style-type: none"> • A click-like device called a probe is placed on a body part, such as a finger or ear lobe, to measure how much oxygen is in your blood • This information may help evaluate if supplemental oxygen is needed 	15 minutes
Arterial Blood Gases (ABG)	<ul style="list-style-type: none"> • An arterial blood gas (ABG) test measures the acidity (pH) and the levels of oxygen and carbon dioxide in the blood from an artery • This test is used to check how well your lungs are able to move oxygen into the blood and remove carbon dioxide from the blood • Blood for an ABG test is taken from an artery 	30 minutes
Respiratory Muscle Strength Maximal Inspiratory Pressure (MIP) Maximal Expiratory Pressure (MEP)	<ul style="list-style-type: none"> • The MIP reflects the strength of the diaphragm and other inspiratory muscles, while the MEP reflects the strength of the abdominal muscles and other expiratory muscles • This test requires you to blow in as hard as you can and to breathe out as hard as you can. The pressure you make when you breathe like this tells us the strength of your chest muscles 	30 minutes

PLEASE CONTACT YOUR ATTENDING PHYSICIAN FOR ANY QUESTIONS REGARDING YOUR MEDICATIONS

To cancel or reschedule your appointment please call Central Bookings: 519-537-2381

For any questions regarding Pulmonary Function Exams please call: 519-421-4233 extension 3160

Please be aware that this is a "Fragrance Free" facility

For more information on these procedures, please visit:

WebMD

<http://www.webmd.com/lung/lung-function-tests>