Mackenzie Health

Mackenzie Richmond Hill Hospital
10 Trench Street
Richmond Hill, Ontario
L4C 4Z3

PULMONARY FUNCTION REQUISITION

Patient Label here

Telephone: 905-883-2004 ext. 1 **Fax:** 905-883-0772

Patient Name: *(print last, first)*	
Address:	
City: **Province:**	**Postal Code:**
Home: ( )	**Work/Other: ( )**
If Voicemail is NOT to be left check here ☐	**Date of Birth:** dd/mm/yyyy
Health Card Number:	**Version Code:**
Patient's Occupation:	**Copy To:**

History

☐ Current Smoker _____ pack/day for _____ years
☐ Ex-Smoker _____ stopped smoking _____ years ago

Does patient have a history of:

Asthma ☐ Yes ☐ No Bronchitis ☐ Yes ☐ No
Emphysema ☐ Yes ☐ No Pneumonia ☐ Yes ☐ No

Other Pulmonary Diagnostic Tests:

_____

_____

Does the patient have a history of cardiac disease? ☐ Yes ☐ No

Medication Allergy: ☐ Yes ☐ No

_____

Present Diagnosis: _____

_____

Patient's Current Medications:_____

Bronchodilators ☐ Yes ☐ No
Steroids ☐ Yes ☐ No
Antibiotics ☐ Yes ☐ No
Beta Blockers ☐ Yes ☐ No
Other _____

Please check where appropriate

PULMONARY FUNCTION STUDY ☐
Including Lung Volumes, Diffusion and Bronchodilator Response

SPIROMETRY ☐
- With Bronchodilator Response ☐

METHACHOLINE CHALLENGE TEST ☐
****Patient must have full PFT at Mackenzie Health within 6 months**

ARTERIAL BLOOD GAS
- On room air ☐
- On oxygen ☐

HOME OXYGEN ASSESSMENT
- Independent Exercise Assessment (IEA) ☐
- Walk Oximetry ☐
- ABG on Room Air if Exercise SaO_2 < 88% ☐

6 MINUTE WALK TESTING ☐
- **Stable ECG required prior to test** ☐

Only order by Respirologist
Shunt Study ☐
Hypoxia Altitude Simulation Test ☐

I have given instructions to the patient regarding the discontinuation of medication before their test (see Reverse of instructions). ☐

Physician Name: _____ Signature: _____

Date _____ (dd/mm/yyyy) ☐ Respirologist

Important Information For Pulmonary Function Patients

- Arrive 20 minutes prior to your appointment
- Bring your Health Card, this requisition and any other pertaining documents
- Check in using our self-serve kiosks, located in Patient Registration Level 2, C Wing
- Please see reverse for more test specific details

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APPENDIX A

IMPORTANT INFORMATION FOR PULMONARY FUNCTION PATIENTS

Several medications will interfere with the results of this test; therefore to **MRP (Most Responsible Physicians)** should advise that the following be **discontinued** for the period of tiem indicated below.

- Prednisone or inhaler steriods can be continued.
- Please bring **ALL** medication with you on the day of your test, including over-the-counter medication.
- Please retain from tea, coffee, cola drinks, chocolate and tobacco on the day of your test.

Spirometry and PFTs

4 hours Prior to Test:

- Salbutamol (Ventolin/Salvent/Airomir/Combivent)
- Atrovent
- Bricanyl (Terbutaline)

12 hours Prior to Test

- Salmeterol (Serevent / Advair)
- Vilanterol (Breo)
- Formoterol (Oxeze / Symbicort / Foradil / Zenhale / Duaklir)
- Indacaterol (Onbrez)
- Tiotropium (Spiriva / Inspiolto)
- Aclidinium (Tudorza)
- Umeclidinium (Anoro / Incruse / Trelegy)
- Glycopyrronium (Seebri / Ultibro)

Methacholine Challenge Test

8 hours Prior to Test

- Salbutamol (Ventolin / Salvent / Airomir / Combivent)
- Terbutaline (Bricanyl)

12 hours Prior to Test

- Ipratropium (Atrovent)

24 hours Prior to Test

- Montelukast (Singulair)

48 hours Prior to Test

- Salmeterol (Serevant / Advair)
- Formoterol (Oxeze / Symbicort / Foradil /Zenhale/Dukalir)
- Theophylline (Theo-dur / Uniphyl)
- Indacaterol (Onbrez)
- Glycopyrronium (Seebri / Ultibro)
- Symbicort
- Tiotropium (Spiriva / Inspiolto)
- Vilanterol (Breo)
- Aclidinium (Tudorza)
- Umeclidinium (Anoro / Incruse / Trelegy)

72 hours Prior to Test

- Anti-Histamines
- Claritin
- Reactine
- Aerius
- Benadryl
- Allegra
- Cold and Sinus Medication

Print Form