

Must be completed for booking purposes

	Name: DOB (m/d/y): PHN:	
Respiratory Services		
Pulmonary Function Requisition		
Only faxed requisitions will be booked. Please give the original with instructions to the patient who will then be contacted by phone.	Mailing Address:	
Fax: 250-331-5904 Phone: 250-331-5900 ext 65390	Phone: HW	
	Appointment Date:	Time:
Ordering Physician (Please print):	Copies to:	
illing #: Brief Clinical History and Indications for Testing: required)	Indication of Urgency: ☐Ro Smoking Hx: ☐Ye	•
	Relevant Medications: (inhalers, beta-blo Methotrexate, etc)	ockers, Amiodarone,
Allergies:	Infectious precautions: No Yes Specify	
special considerations: Hearing Deficit, ambulation, violence alert, etc.)	Supplemental Oxygen: No Yes Specify	
STANDARD □ Spirometry/Flow volume Loops (Simple Spirometry w • Screening or follow-up study		Height:
 Spirometry/Flow Volume Loops with Bronchodilate Best test for measurement of reversible airflow o Oximetry will be added if the FEV1 is < 50% of processing to the second sec	bstruction (Asthma, COPD); must be 7 years	s of age
SPECIALIZED		
☐ Complete Pulmonary Function Test (Includes Lung \	Volumes, Diffusion, Pre/Post Spirometry)	
 Unless ordered by an Internist or Pediatrician, pa Oximetry will be added if FEV1 or DLCO is < 509 		
5755 Gadod II EV 51 BE50 10 4 00 .	70 OI predicted	
 Methacholine Challenge To be ordered by Internists, Respirologists, Allerge Must not have poorly controlled HTN or recent M Must have had a normal pre/post spirometry (with 	gists, and Military physicians only Il (within 3 months)	ed facility
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 ■ Methacholine Challenge To be ordered by Internists, Respirologists, Allered Must not have poorly controlled HTN or recent Mediate Must have had a normal pre/post spirometry (with MIPS/MEPS ■ To assess respiratory muscle function 	gists, and Military physicians only Il (within 3 months)	ed facility
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