

Requisition for Outpatient Pulmonary Function Testing ROYAL JUBILEE HOSPITAL BOOKING OFFICE: (250) 519-1642

FAX: (250) 519-1552

Α	ppointment Date/Time:
	Thank you for calling your patient

Pt. Name:	Pt. Phone:	DOB:		
PHN: Address:		Postal Code:		
Ordering Dr (print):	Fax #:			
First Available □ or Preferred Interpreting Respirologist:				
Hx (diagnosis, symptoms, etc.):				
	Allergies:			
Interpreted Copy of Test to Dr(s):				
Antibiotic Resistant Organism: Yes ☐ No ☐ If Yes, what type		PHYSICIAN'S OFFICE USE (STAMP, NOTES, ETC.)		
Ordering Dr's signature:				
TEST REQUIRED (please check):				
<u>BEST TEST</u> for initial assessment and follow up for patients with airways disease, e.g. Asthma, COPD. Patient must be at least 6 years of age and able to follow therapist instructions/coaching.				
 COMPLETE PULMONARY FUNCTION TEST (1 hour test) For evaluation and follow up of patients with parenchymal lung disease e.g. pulmonary fibrosis, lung CA, drug induced lung disease, chest, cardiac or major abdominal surgery. Only a Respirologist, Pediatrician, or Allergist may order the test for children between the ages of 8 and 12 years. 				
 MIPS/MEPS Done to assess respiratory muscle function in patients with neuromuscular disease. Will be added to a Complete Pulmonary Function Test unless PFT done within last 3 months. 				
 METHACHOLINE CHALLENGE TEST (Provocation test) For evaluation of asthma, where the diagnosis remains unclear <u>after</u> Normal Spirometry (within 6 months). Patients less than 12 years of age require a referral from Respirologist, Pediatrician, or Allergists only. 				
☐ ARTERIAL BLOOD GAS (ABG)				
 □ SIX-MINUTE WALK TEST • For functional assessment of cardio-pulmonary disease. Not an "oximetry" test. 				
☐ CARDIOPULMONARY EXERCISE TEST (VO2 Max test)				

• Restricted to Respirologists, Internists, and Cardiologists. Direct specialist supervision is required.

• Supervising physician must be identified at time of booking.