



# The Centre for Sleep & Pulmonary Medicine

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## Shepparton Lung Function Laboratory

### Patient Details

Surname \_\_\_\_\_ Given name \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone \_\_\_\_\_ Mobile \_\_\_\_\_

Medicare # \_\_\_\_\_ Ref \_\_\_\_\_ DVA \_\_\_\_\_

Details     DVA     Pensioner     Health Card Card

Diagnostic Test

<input type="checkbox"/> Spirometry/DLCO	<input type="checkbox"/> Lung Volumes (plethysmography)	<input type="checkbox"/> MIPS/MEPS
<input type="checkbox"/> Bronchial Provocation Testing	<input type="checkbox"/> FeNO (exhaled nitric oxide)	<input type="checkbox"/> FOT (airwave oscillometry)
<input type="checkbox"/> Six minute walk test/O <sub>2</sub> Assessment	<input type="checkbox"/> Other	

### Indications

### Special Instructions

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### Referring Doctor

Name \_\_\_\_\_

Provider No. \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Report Preference     Email     Fax     Post

Doctor's Signature \_\_\_\_\_

Date \_\_\_\_\_

**IMPORTANT**

Before testing if possible avoid taking Ventolin / Asmol / Bricanyl for at least 4 hours prior.

Avoid ICS, LABA and LAMA medications (e.g. Spiriva, Seretide, Symbicort, Breo, Spiolto, Flutiform and others) for 12 hours prior to testing.