

The Centre for Sleep & Pulmonary Medicine

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Shepparton Lung Function Laboratory

Patient Details

Surname	Given name									
Address							Postcode			
D.O.B.		/_	/	_ Ph	none			Mobile		
Medicare #				Re	ef		DVA			
<u>Details</u>		DVA		Pensioner	H	lealth Ca	rd Card			
<u>Diagnostic T</u>	<u>Fest</u>		Spirometry/D Bronchial Pro Six minute wa	vocation Te	-	Fe	ung Volumes (ple eNO (exhaled niti ther		MIPS/MEPS FOT (airwave oscillometry)	
Indications						Spe	ecial Instruction	<u>s</u>		
Referring Do	<u>octor</u>									
Name										
Provider No.							IMPORTA	NT		
Phone Fax									e avoid taking Ventolin / east 4 hours prior.	
Report Preference Email Fax Post							Avoid ICS, LABA and LAMA medications (e.g. Spiriva, Seretide, Symbicort, Breo, Spiolto, Flutiform and others) for 12 hours prior to testing.			

Doctor's Signature