



# The Centre for Sleep & Pulmonary Medicine

269 Princes Hwy, Werribee 3030

Phone: (03) 9191 4043

Fax (03) 9017 8964

Email: info@tcspm.com

## Werribee 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	<input type="checkbox"/> Consultation required

### Indications

### Special Instructions

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Referring Doctor

Name \_\_\_\_\_

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

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Report Preference

Email     Fax     Post     HealthLink

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.**