



Royal Victoria
Regional Health Centre

**Cardiac Diagnostics Requisition
Pulmonary Function**

201 Georgian Drive, Barrie, Ontario
Phone: 705-739-5604
Fax: 705-739-5651

Appointment Date:
Time:

Preferred Site:

BARRIE - 201 Georgian Drive

INNISFIL - 7325 Yonge Street, Suite 1600

Patient Information

Patient Name _____

Address: _____

DOB (dd/mm/yy) _____

Health card number _____

Postal Code: _____

List the patient's preferred number. Use the tick boxes to indicate if the patient consents to be called at that number and/or if messages relating to his/her care & appointments can be left at that number:

Home: Call can leave a message on voicemail can leave a message with a person

Cell/Other: Call can leave a message on voicemail can leave a message with a person

Reason for Test (Mandatory)

Is the following test for an: Adult Or Paediatric Patient

Indication and Relevant Clinical History:

Please answer the following questions:

Is the patient 18 years of age or older? Yes No

Is the patient able to follow complex verbal instructions? Yes No

Is the patient's weight less than 350 lbs Yes No

***If you have answered NO to any of these questions testing may be limited to only Spirometry with Bronchodilator response**

Please check off the required tests:

Full Pulmonary Function Testing (Includes Spirometry Pre and Post Bronchodilator Response, Diffusion Capacity, Plethysmography, and Oximetry)

Spirometry (Pre and Post Bronchodilator Response)

Methacholine Challenge Testing (Spirometry with Pre and Post Bronchodilator response must be within 3 months of appointment) ***Barrie Only**

Home Oxygen Assessment (includes ABG and/or exertional oximetry) ***Barrie Only**

Arterial Blood Gas ***Barrie Only**

Oximetry with Exercise (6 minute walk with distance)

Maximum Inspiratory Pressure (MIP) Maximum Expiratory Pressure (MEP)

It is your responsibility to advise the patient of their appointment time.

Referring MD	Family MD:	Physician Signature:
Telephone Number:	Fax Number:	Billing #

