

Cortellucci Vaughan Hospital 3200 Major Mackenzie Drive West, Vaughan ON L6A 4Z3 905-417-2000

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Patient Label here

PULMONARY FUNCTION REQUISITION

Mackenzie

Telephone: 905-883-2004 ext. 1 **Fax:** 905-883-0772

Patient Name: (print last, first)		
Address:		
City: Province:	Postal Code:	
Home: ()	Work/Other: ()	
If Voicemail is NOT to be left check here	Date of Birth: dd/mm/yy	′уу
Health Card Number:	Version Code:	
Patient's Occupation:	Сору То:	
History	Please check where appropriate	
Current Smoker pack/day for years	PULMONARY FUNCTION STUDY	
Ex-Smoker stopped smoking years ago	Including Lung Volumes, Diffusion and	
	Bronchodilator Response	
Does patient have a history of:	SPIROMETRY	
Asthma Yes No Bronchitis Yes No	With Bronchodilator Response	
Emphysema Yes No Pneumonia Yes No	METHACHOLINE CHALLENGE TEST	
Other Pulmonary Diagnostic Tests:	**Patient must have full PFT at Mackenzie Health within 6 months	
Book to making the mark to the state of a surface of the state of the	ARTERIAL BLOOD GAS	
Does the patient have a history of cardiac disease? Yes No	On room air	
Medication Allergy: Yes No	On oxygen	□
	HOME OXYGEN ASSESSMENT	
Present Diagnosis:	,	⊒
	Train eximetry	3
Patient's Current Medications:	ABG on Room Air if Exercise SaO ₂ < 88%	_
Bronchodilators Yes No	6 MINUTE WALK TESTING	
Steroids Yes No	Stable ECG required prior to test	
Antibiotics Yes No	Only order by Respirologist	
Beta Blockers Yes No		
Other	·	
I have given instructions to the patient regarding the discontinuation of medication before their test (see Reverse of instructions).		
Physician Name:	Signature:	
Date (dd/mm/yyyy)	Respirologist	



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(Rev Nov 2019)

Important Information For Pulmonary Function Patients

- Arrive 20 minutes prior to your appointment
- Bring your Health Card, this requisition and any other pertaining documents
- Check in using our self-serve kiosks, located in Patient Registration
- Please see reverse for more test specific details



APPENDIX A

IMPORTANT INFORMATION FOR PULMONARY FUNCTION PATIENTS

Several medications will interfere with the results of this test; therefore to **MRP (Most Responsible Physicians)** should advise that the following be **discontinued** for the period of tiem indicated below.

- Prednisone or inhaler steriods can be continued.
- Please bring **ALL** medication with you on the day of your test, including over-the-counter medication.
- Please retain from tea, coffee, cola drinks, chocolate and tobacco on the day of your test.

Spirometry and PFTs

4 hours Prior to Test:

- Salbutamol (Ventolin/Salvent/Airomir/Combivent)
- Atrovent
- Bricanyl (Terbutaline)

12 hours Prior to Test

- Salmeterol (Serevent / Advair)
- Vilanterol (Breo)
- Formoterol (Oxeze / Symbicort / Foradil / Zenhale / Duaklir)
- Indacaterol (Onbrez)
- Tiotropium (Spiriva / Inspiolto)
- Aclidinium (Tudorza)
- Umeclidinium (Anoro / Incruse / Trelegy)
- Glycopyrronium (Seebri / Ultibro)

Methacholine Challenge Test

8 hours Prior to Test

- Salbutamol (Ventolin / Salvent / Airomir / Combivent)
- Terbutaline (Bricanyl)

24 hours Prior to Test

Montelukast (Singulair)

48 hours Prior to Test

- Salmeterol (Serevant / Advair)
- Formoterol (Oxeze / Symbicort / Foradil /Zenhale/Dukalir)
- Theophylline (Theo-dur / Uniphyl)
- Indacaterol (Onbrez)
- Glycopyrronium (Seebri / Ultibro)
- Symbicort
- Tiotropium (Spiriva / Inspiolto)
- Vilanterol (Breo)
- Aclidinium (Tudorza)
- Umeclidinium (Anoro / Incruse / Trelegy)

12 hours Prior to Test

• Ipratropium (Atrovent)

72 hours Prior to Test

- Anti-Histamines
- Claritin
- Reactine
- Aerius
- Benadryl
- Allegra
- Cold and Sinus Medication