



SUITE 102, 2675 – 36 ST NE
 CALGARY AB, T1Y 6H6
 TEL: 403-457-LUNG (5864)
 FAX: 403-457-5860

Pulmonary Function Testing Requisition

Patient Information		
LAST NAME:	FIRST NAME:	PHN:
DOB:	ADDRESS:	CITY:
PROVINCE:	POSTAL CODE:	PHONE:
Physician Information		
REFERRING:	PRAC ID:	PHONE:
		FAX:
FAMILY (if different):	PRAC ID:	PHONE:
		FAX:
Reason for Referral		
Please have patient refrain from using all breathing medications 24 hours prior to testing (if possible)		
<input type="checkbox"/> Complete Pulmonary Function Test	<ul style="list-style-type: none"> Includes spirometry, lung volumes, diffusion capacity and resting SpO₂ 	
<input type="checkbox"/> Spirometry and Diffusion Capacity (DLCO)	<ul style="list-style-type: none"> Spirometry and diffusion capacity, resting SpO₂ 	
<input type="checkbox"/> Spirometry	<ul style="list-style-type: none"> Assessment for obstructive airways disease 	
<input type="checkbox"/> MIPS/MEPS	<ul style="list-style-type: none"> Maximal inspiratory and expiratory pressure measurement to assess respiratory muscle strength 	
<input type="checkbox"/> Arterial Blood Gas	<ul style="list-style-type: none"> ___ Room air ___ L/min Oxygen 	
<input type="checkbox"/> Methacholine Challenge Test	<ul style="list-style-type: none"> Inhalation challenge to diagnose non-specific airway hyperresponsiveness (asthma) 	
<input type="checkbox"/> Oximetry	<ul style="list-style-type: none"> Oximetry at rest and with exertion 	