



WOMEN'S COLLEGE HOSPITAL
Healthcare | REVOLUTIONIZED

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PULMONARY FUNCTION LAB REQUISITION

Testing may be postponed if: recent heart attack, recent surgery of eye, chest, or abdomen (in the last 6 weeks); acute respiratory illness; active or suspected tuberculosis, or other contagious illness.

REASON FOR TEST: _____

TEST - Fasting is not required, but avoid eating a heavy meal 2 hours prior	DATE & TIME (DD / MM / YYYY)	Please provide your patient with the instructions below:
<input type="checkbox"/> Spirometry (Allow 30 minutes) (may include bronchodilator)		Withhold breathing medications/inhalers for 24 hours prior to the test, unless advised otherwise.
<input type="checkbox"/> Full Pulmonary Function Test (Allow 60 minutes) (may include: spirometry, airways resistance, lung volumes, diffusion capacity, post bronchodilator spirometry, and oxygen saturation)		Withhold breathing medications/inhalers for 24 hours prior to the test, unless advised otherwise. Do not smoke 6 hours prior to the test.
<input type="checkbox"/> Oxygen Saturation at Rest (Allow 15 minutes)		None
<input type="checkbox"/> Oxygen Saturation on Exercise (Allow 30 minutes) (also known as 6 minute walk test)		Please wear walking shoes for this test.
<input type="checkbox"/> Respiratory Muscle Strength (Maximal inspiration pressure/maximal expiration pressure)		None
<input type="checkbox"/> Smoking/Tobacco Cessation Assessment (May include screening spirometry)		None

PHYSICIAN NAME: _____ FAX #: (____) ____-____ PHONE #: (____) ____-____

SIGNATURE: _____ BILLING #: _____ DATE: ____/____/____
DD / MM / YYYY

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