Campbellford Memorial Hospital

PULMONARY FUNCTION TESTING

To book an appointment, Fax to (705) 632-2022
Phone (705) 653-1140 x2125

☐ **INPATIENT** ☐ **OUT-PATIENT** ☐ **URGENT** ☐ **NON-URGENT**

PATIENT INFORMATION (Please Print)	**PHYSICIAN INFORMATION (Please Print)**
Last Name _____	Physician Name _____
First Name _____	Phone: _____ Billing No._____
Address _____	Fax: _____
City _____ Postal Code_____	Copies to:
Phone_____ DOB D___M___Y___	_____
Health Card No. _____	_____

NOTE: To get accurate pulmonary function testing patient must be able to follow verbal instruction.

Examination(s) requested:

- ☐ Complete PFT without bronchodilator with resting oximetry
- ☐ Complete pulmonary function test with bronchodilator without resting oximetry
- ☐ Pre and Post Flow Volume Loop with resting oximetry
- ☐ Flow Volume Loop without bronchodilator with resting oximetry
- ☐ Oximetry at Rest
- ☐ ABG on room air (*for home oxygen qualification)*

History:
COPD ☐ Asthma ☐ Fibrosis ☐ Pre-Op assessment ☐ Dyspnea ☐

Current Breathing Medications:

Other Relevant History:

_____
Physician's Signature

Note: Please advise patient not to smoke or vape 2hr prior to testing.

For Pre/Post bronchodilator testing: HOLD bronchodilator inhalers (LABA 12 hrs, LAMA 24 hrs, LABA/LAMA 24hrs, ICS/LABA 12hrs, LTRA 24hrs, SABA 4hrs, SAMA 4 hrs).