Alberta Health Services

Pulmonary Function Requisition

Last Name (Legal)	First Name (Legal)
Preferred Name ☐ Last ☐ First	DOB (dd-Mon-yyyy)
PHN	ULI ☐ Same as PHN	MRN
Administrative Gender ☐ Male ☐ Female ☐ Non-binary/Prefer not to disclose (X)	

✓ Appropriate Location for Testing

☐ Foothills Medical Centre	403-944-1568	Fax 403-944-2136	1403	29th St. NW
☐ Rockyview General Hospital	403-943-3346	Fax 403-943-3323	7007	14th St. SW
☐ Peter Lougheed Centre	403-943-5996	Fax 403-943-4887	3500	26th Ave. NE
☐ South Health Campus	403-956-2811	Fax 403-956-2849	4448	Front Street SE

Office Only

Appointment Date (dd-Mon-yyyy)

Time (hh:mm)

Ordering Physician	Phone	Fax

Reason for Testing

Comments/Special Request

General Testing

Lung Function Assessment	Spirometry	Arterial Blood Gas
☐ Algorithm *(includes Spirometry & DLCO, may include bronchodilator and lung volumes as per algorithm)* ☐ Pre bronchodilator only ☐ Post bronchodilator required **Respirologist Only** ☐ Lung Volumes	☐ Pre and Post Spirometry *(Bronchodilator given based on evidence of obstruction)* ☐ Pre bronchodilator only ☐ Post bronchodilator required ☐ DLCO *(select spirometry type if required)*	☐ Room Air ☐ On Oxygen ___ litre flow ☐ Initial qualification for Home Oxygen Funding **RESULTS VALID 48 HRS ONLY.** (Physician must be available for consult)

Testing Authorization by Respirologist

Specialty Tests	Cardiopulmonary Stress Test	Exceptional *(Please Specify)*
☐ Induced Sputum Analysis *(FMC or RGH Only)* ☐ Methacholine Challenge *(No Authorization needed)* ☐ MIP/MEP ☐ 6 Minute Walk Test *(PLC, RGH or SHC Only)*	Standard *(RGH and PLC Only)* ☐ Bike ☐ Treadmill Exercise Induced Bronchospasm ☐ Bike ☐ Treadmill ☐ Supervised ☐ Unsupervised	

Physician/Physician Designate Name	Physician/Physician Designate Signature

Lung Function Assessment and Spirometry Patient Instructions: Patients should not stop their regular inhalers before lung function testing. Please ask your doctor regarding medication use for specialized testing.

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