

LUNG FUNCTION REQUEST

Dr Robert Campagnaro
MBBS FRACP Consultant Physician

210 Barnard Street, BENDIGO 3550

Telephone: (03) 5442 9833

Fax: (03) 5442 9844

PATIENT DETAILS (BLOCK LETTERS)

SURNAME: _____

GIVEN NAMES: _____

ADDRESS: _____

_____ POSTCODE: _____

TELEPHONE: _____

DATE OF BIRTH: _____

LUNG FUNCTION STANDARD TEST

SPIROMETRY/FLOW VOLUME STUDY & DIFFUSING CAPACITY (DLCO)
eg. asthma/COPD/emphysema

Other tests available

SPIROMETRY & LUNG VOLUMES. eg. restriction, rarely indicated

SPIROMETRY FLOW / VOLUME STUDY. eg. upper airway obstruction

REFERRAL FOR PHYSICIAN ASSESSMENT & MANAGEMENT

DOCTOR (NAME, ADDRESS, TEL, PROVIDER No.)

COPY TO:

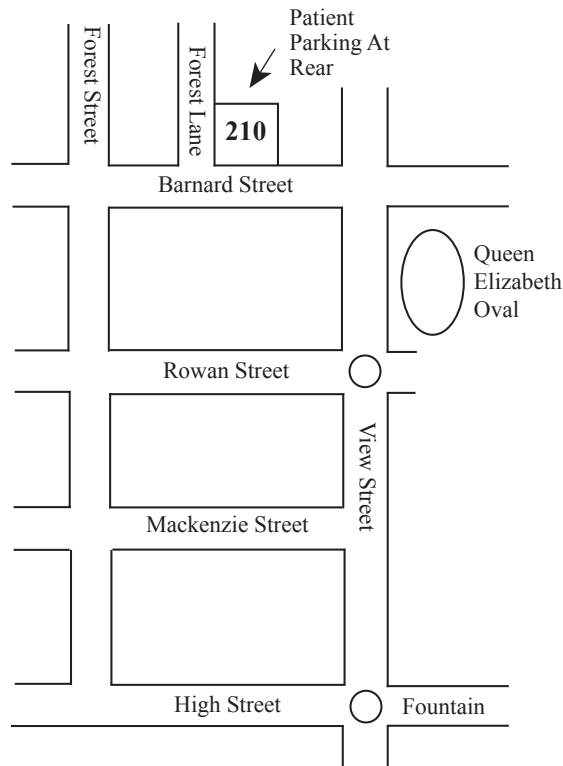
CLINICAL NOTES:

SIGNED:

DATE:



PATIENT INSTRUCTIONS BELOW



PATIENT INFORMATION

- **Avoid for 4 hours prior to test: “relievers”** Airomir, Asmol, Atrovent, Bricanyl, Ventolin
- **Avoid for 12 hours prior to test:** Foradile, Oxis, Seretide, Serevent, Symbicort, Bretaris Genuair, Flutiform, Breo, Seebri
- **Avoid for 24 hours prior to test:** Onbrez, Spiriva, Incruse Ellipta, Anoro Ellipta, Ultibro, smoking
- **Take “preventative” medication** as usual: Alvesco, Flixotide, Intal, Prednisolone, Pulmicort, Qvar, Singulair, Tilade
- Please note the time that asthma medication was last used
- Please bring a list of current medications each visit

Your next appointment:

Date: _____

At: _____

Failure to attend without adequate notice may incur a fee.