



LUNG FUNCTION TEST REQUEST FORM

**PATIENT
DETAILS**

Name:

Address:

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DOB: Contact Number:

CLINICAL HISTORY/DIAGNOSIS:

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Smoking history: Hb.....

Current inhaled medications:

TESTS REQUESTED:

- Full Lung Function (flow-volumes loops (Spirometry) – pre & post bronchodilator, diffusion capacity, lung volumes) – Please include Hb
- Spirometry + FeNO (flow-volumes loops – pre & post bronchodilator + FeNO)
- Spirometry (flow-volumes loops – pre & post bronchodilator)
- Respiratory muscle tests (MIPs & MEPs)
- Mannitol bronchial challenge
- ABGs (arterial blood gases)

**REQUESTING
DOCTOR**

Name:

Address: Provider no:

Signature: Date: