

Pulmonary Function Laboratory Requisition Strathroy Middlesex General Hospital 395 Carrie Street Strathroy, Ontario (T) 519-245-5295 ext. 5440 (F) 226-330-0932	Patient Information Name: _____ Address: _____ _____ Phone Number: _____ DOB: _____ Health Card: _____ vc _____
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Ordering /Attending Physician:

Diagnosis:

Reporting Physician:

 (office use only)

Current Respiratory Medications:

(list meds, dosage, & frequency)

D Copy to Family Physician:

Clinical Information:

D Copy to:

(Outpatients)

D Fax Results to: _____

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****PLEASE SELECT TESTS****

Select One Only

<input type="checkbox"/> Spirometry Only <input type="checkbox"/> Spirometry Pre and Post <input type="checkbox"/> Full Screen PFT <input type="checkbox"/> Full screen pre and post

Additional Testing

<input type="checkbox"/> Arterial Blood Gases <input type="checkbox"/> MDI Teaching <input type="checkbox"/> COPD education

**ABG's cannot be performed on patients receiving anticoagulant therapy without recent INR results. Please indicate under clinical information.

Referring Physician(Print) _____ Signature _____

Physician Phone # _____ Date _____