LUNG FUNCTION TEST
Monash Medical Centre 246 Clayton Rd Clayton 3168
Dandenong Hospital 105-135 David St Dandenong 3175
Berwick Healthcare 76 Clyde Road Berwick 3806
Thompson Rd Clinic 2 Woodbine Rd Cranbourne Nth 3977

TESTS REQUIRED:
1 □ Spirometry Pre-bronchodilator
2 □ Spirometry Post-bronchodilator
3 □ Transfer Factor
4 □ Skin Prick Test
5 □ Oxygen Assessment Pulmonary Hypertension? Y/N
6 □ Lung Volumes (Body Plethysmography)
7 □ Cardiopulmonary Exercise Test
8 □ Bronchial Provocation - Specify
9 □ Exhaled Nitric Oxide (FENO)
10 □ Other (after consultation with the laboratory)

DIAGNOSIS / CLINICAL QUESTION:

APPOINTMENT: Date: Time:

PATIENT DETAILS:
UR:
Name:
Address:

Phone:
Date of birth: Sex: Age:

REFERRING DOCTOR DETAILS:
Name:
Address:

Phone:
Send report to:

Signature:
Fax/email: Date:

Service Providers Provider Number
Dr D Mansfield 065004QB
Dr P Bardin 2395516J
Dr P King 081749AA
Dr M MacDonald 279538KF

TEST 4 Withhold all antihistamines for four (4) days before the test e.g Telfast, Claratyne, Polaramine & Zyrtec.
TEST 1, 2 & 8 Unless necessary, please withhold Serevent, Seretide, Symbicort, Spiriva, Flutiform, Onbrelz, Breo, Ultibro, Seebri, Incruse, Anoro for twenty fours (24) hours prior and; Ventolin, Bricanyl or Atrovent for eight (8) hours prior to your test.