

# LUNG FUNCTION TEST

Monash Medical Centre 246 Clayton Rd Clayton 3168  
Dandenong Hospital 105-135 David St Dandenong 3175  
Specialist Consulting Suites Lvl 1 50 Kangan Dve Berwick 3806  
Thompson Rd Clinic 2 Woodbine Rd Cranbourne Nth 3977

Bookings: 9594 2278

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**MONASH**  
Lung Sleep Allergy Immunology  
**Monash Health**

## 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

Dr D Mansfield

Dr P Bardin

Dr M MacDonald

## Provider Number

065004QB

2395516J

279538KF

**TEST 4** Withhold all antihistamines for four (4) days before the test e.g. Telfast, Claratyne, Polaramine & Zyrtec.

**TEST 1, 2, 8 & 9** Unless necessary or directed by your physician, please withhold Ventolin, Bricanyl and Atrovent for eight (8) hours prior to your test; Serevent, Seretide, Symbicort, Flutiform, Onbrez, Bretaris, Breo, Ullibro, Seebri, Incruse, Anoro, Fostair, Trelegy, Breztri, Trimbow for forty eight (48) hours prior to your test.