#### **Bulk Billing Provided\***



Melbourne Interventional Pulmonology Group Pty Ltd

## Lung Function Request

Bookings: 03 7036 7348 Fax: 03 8372 0587

lungfunction@nickwilsmore.com.au

| Patient Details                              |  |
|--|--|
| Name:  |  |
|  | Contact No:  |
| Address:                                     |  |
| Referring Doctor                             |  |
| Name:  |  |
| Address:                                     |  |
| Provider No.:                                | Date:  |
| Signature:                                   |  |
| Investigation Requir                         | ed   |
| Available at Box Hill a                      |  |
|  | NO - Asthma, Chronic cough, Dyspnoea   |
|  | .CO - COPD, Chronic cough, ILD, Smoking Hx, Dyspnoea, Pre-op<br>cation - Asthma investigation (Mannitol – fee applies) |
|  |  |
| Available at Box Hill ( 4 ☐ Spirometry + Lur | <i>omy:</i><br><sub>19</sub> Volumes - Restriction, Neuromuscular Dx, Diaphragm, Post-op, Gas trapping/Severe COPD     |
|  | P/MEP - Muscle weakness, MND, other neuromuscular disorders  |
| Copy of Report to                            |  |
| Name:  |  |
| Address:                                     |  |
| Name:  |  |
| Address:                                     |  |
| Clinical Notes                               |  |
|  |  |
|  |  |
|  |  |
| Withhold current inha                        | aler medication 🗆  |
| Appointment Details                          | <u> </u>   |
|  |  |
|  | Time:  |
| Locations                                    |  |
| ☐ Suite 11.1, Level 11                       | I, Epworth Eastern Tower 25 Nelson Rd, Box Hill 3128   |

Please see reverse for Patient Instructions.

### **Patient Instructions**

#### PLEASE BRING THIS REFERRAL WITH YOU TO YOUR TEST

#### **BEFORE ALL TESTS**

**NO** Smoking

#### BEFORE BRONCHOPROVOCATIONS TESTS

As above, plus:

- NO tea, coffee, chocolate or caffeinated drinks to be consumed on the test day.
- NO oral steroids such as Prednisolone, Prednisone or Dexamethasone for 3 days if advised/approved by your prescribing doctor.
- **NO** Antihistamines such as Dimetapp, Benadryl, Claratyne, Zyrtec or Telfast <u>for 3 days.</u> We prefer you not to take any puffers (unless otherwise instructed)
- 8 hours for Ventolins
- 12 hours for ICS Alvesco Flixotide
- 24 hours Seretide Symbicort
- 72 hours Spiriva etc
- 4 days for montelukast

#### **BEFORE FeNO TESTS**

- NO food or drink for one hour before your test
- **AVOID** consuming any foods high in nitrogen on the day of the test including ham, bacon, salami, strawberries, currants, raspberries, cherries, gooseberries, spinach, lettuce, beetroot, celery, chervil radish and turnip tops.

# IF YOU ARE MORE BREATHLESS THAN USUAL AFTER STOPPING THE ABOVE MEDICATIONS, PLEASE CONTACT YOUR DOCTOR AND RESUME TAKING THE MEDICATIONS.

<sup>\*</sup>Please note: Fees may apply for Mannitol Kits, single CO assessments and multiple test appointments.