LUNG FUNCTION REFERRAL

BREATHE WELL.

SLEEP WELL.

LIVE WELL.

Manse MEDICAL

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BALLARAT
4 Talbot Street South
Ballarat 3350

FAX 03 5331 8062
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HAMILTON
115 Lonsdale Street
Hamilton 3300

FAX 03 5571 1859
PH 03 5571 1822

WARRNAMBOOL
2 Fitzroy Road
Warrnambool 3280

FAX 03 5571 1859
PH 03 5571 1822

MOUNT GAMBIER
2/14 Crouch Street South
Mount Gambier 5290

FAX 03 5571 1859
PH 03 5571 1822

REFERRING DOCTOR

PROVIDER NO.

ADDRESS

CONTACT NO.

PATIENT NAME

DATE OF BIRTH

ADDRESS

CONTACT NO.

LUNG FUNCTION TEST REQUIRED

CLINICAL NOTES

- ☐ SPIROMETRY
  - ☐ BRONCHODILATOR RESPONSE (SALBUTAMOL)
- ☐ LUNG VOLUMES (PLETHYSMOGRAPHY)
- ☐ GAS TRANSFER (DLCO/TLCO/CO DIFFUSION)
- ☐ BRONCHIAL PROVOCATION (MANNITOL)
- ☐ CARDIO PULMONARY EXERCISE TEST
- ☐ MAXIMAL INSPIRATORY AND EXPIRATORY PRESSURES
- ☐ SNIFF NASAL INSPIRATORY PRESSURE

SIGNATURE **DATE**

PATIENT INFORMATION: Unless advised otherwise by your doctor, do not use any inhalers and do not smoke on the day of your test.

BRING THIS FORM TO YOUR APPOINTMENT