

Must be completed for booking purposes

Billing #: Brief Clinical History and Indications for Testing: (required) Indication of Urgency:	NORTH ISLAND HOSPITAL - CVH	Name:		
Only faxed requisitions will be booked. Please give the original with instructions to the patient who will then be contacted by phone. Fax: 250-331-5904 Phone: 250-331-5900 ext 65390 Ordering Physician (Please print): Copies to: Appointment Date:	Respiratory Services	DOB (m/d/y):		
Please give the original with instructions to the patient who will then be contacted by phone. Fax: 250-331-5904 Phone: 250-331-5900 ext 65390 Appointment Date:	Pulmonary Function Requisition	PHN:		
Phone: 250-331-5900 ext 65390 Appointment Date:	Please give the original with instructions to the	Mailing Address:		
Appointment Date:		Phone: HW		
Billing #: Brief Clinical History and Indications for Testing:	Phone: 250-331-5900 ext 65390	Appointment Date:	Time:	
Infections of Urgency:	Ordering Physician (Please print):	Copies to:		
Allergies: Infectious precautions: No Yes Specify Special considerations: Supplemental Oxygen: No Yes Specify Standard Spirometry/Flow volume Loops (Simple Spirometry without Bronchodilator) Spirometry/Flow volume Loops (Simple Spirometry without Bronchodilator) Spirometry/Flow Volume Loops with Bronchodilator (Pre/Post Spirometry) Best test for measurement of reversible airflow obstruction (Asthma, COPD); must be 7 years of age Oximetry will be added if the FEV1 is < 50% of predicted SPECIALIZED Complete Pulmonary Function Test (Includes Lung Volumes, Diffusion, Pre/Post Spirometry) Unless ordered by an Internist or Pediatrician, patient must be 18 years of age or older Oximetry will be added if FEV1 or DLCO is < 50% of predicted Methacholine Challenge To be ordered by Internists, Respirologists, Allergists, and Military physicians only Must not have poorty controlled HTN or recent MI (within 3 months) Must have had a normal pre/post spirometry (within 6 months) - include reports from accredited facility MIPS/MEPS To assess respiratory muscle function GAS EXCHANGE Arterial Blood Gases Room air Oxygen I/min OXIMETRY 6 Minute Walk Test Overnight Physician Signature Date	Brief Clinical History and Indications for Testing: (required)	Smoking Hx: ☐ Yes	□No	
Special considerations: (Hearing Deficit, ambulation, violence alert, etc.) Supplemental Oxygen: No Yes Specify Height: Weight: Weight:			kers, Amiodarone,	
Hearing Deficit, ambulation, violence alert, etc.) Supplemental Oxygen. No Tes specify	Allergies:	Infectious precautions: No Yes Specify		
Spirometry/Flow volume Loops (Simple Spirometry without Bronchodilator) Screening or follow-up study Spirometry/Flow Volume Loops with Bronchodilator (Pre/Post Spirometry) Best test for measurement of reversible airflow obstruction (Asthma, COPD); must be 7 years of age Oximetry will be added if the FEV1 is < 50% of predicted SPECIALIZED Complete Pulmonary Function Test (Includes Lung Volumes, Diffusion, Pre/Post Spirometry) Unless ordered by an Internist or Pediatrician, patient must be 18 years of age or older Oximetry will be added if FEV1 or DLCO is < 50% of predicted Methacholine Challenge To be ordered by Internists, Respirologists, Allergists, and Military physicians only Must not have poorly controlled HTN or recent MI (within 3 months) MIPS/MEPS To assess respiratory muscle function GAS EXCHANGE Arterial Blood Gases Room air Oxygen Oxygen I/min OXIMETRY 6 Minute Walk Test At rest Overnight Physician Signature Date	Special considerations: (Hearing Deficit, ambulation, violence alert, etc.)	Supplemental Oxygen: No Yes Specify		
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