



Owen Sound Site
Pulmonary Function Lab
P(519)376-2121 ext 2119
F(519)371-2358

Patient Name: _____
Date of Birth: _____
Phone Number: _____
HC Number: _____

Respiratory Therapy Outpatient Tests

- ☐ **Spirometry only**
- ☐ **Full PFT**
- ☐ **FeNO Testing** (Fractional Exhaled Nitric Oxide) measure of airway inflammation
- ☐ **Pre and Post Spirometry only**
- ☐ **Pre and Post PFT**

****Testing requirements:**

Smoking, Vaping and use of oral and inhaled steroids impact the accuracy of the test.

- **Oral and Inhaled steroids MUST be held for 4 weeks** prior to the test (such as Prednisone, Advair, Symbicort, Zenhale, Flovent, Pulmicort, Qvar, Asmanex, Alvesco, Breo, Trelegy, Singulair)
- **No Smoking or Vaping of any substance for 4 weeks prior to test**

****Methacholine Testing** is available by order of a Respirologist or Pediatrician only

- ☐ **Home Oxygen Assessment (which includes the following tests):**
 - An **Arterial Blood Gas if required** ****If the patient has had an ABG within 30 days of the home oxygen assessment please advise.**
 - **Walking Oximetry test(s) with/without Borg dyspnea values as required**

- ☐ **Home Oxygen Funding Renewal**

Date of original home oxygen assessment: _____

Arterial Blood Gases **Not for home oxygen assessment

Reason for testing: _____

Pertinent Medical History: _____

Additional copies to be forwarded to Dr. (s): _____

Date: _____ Ordering Physician (please print): _____

Physician Signature: _____

Please fax to 519-371-2358 We will notify patient of appointment date and time

