



KINGSTON RESPIRATORY SERVICES

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REQUISITION

Office Use:

Physician/NP Name: _____

Office Address: _____

Tel: _____

Fax: _____

MOH Billing #: _____

Copy Report to: _____

SIGNATURE: _____

Date (DD/MM/YY): _____

PATIENT INFORMATION

Name: _____

Address: _____

Tel: (H) _____

(C) _____

Date of Birth: _____ M F

Health Card: _____ VN: _____

OR AFFIX STICKER

RESPIROLOGIST CONSULTATION
(includes appropriate testing)

REASON FOR REFERRAL: _____

PULMONARY FUNCTION TESTING

INDICATION: _____

Full Pulmonary Function Testing, *or specify:*

- Spirometry
- Pre/Post-bronchodilator Spirometry
- Lung Volumes/Diffusion Capacity

Disease Screening:

- COPD (spirometry/post-bronchodilator testing)
- Asthma (spirometry/post-bronchodilator testing; methacholine challenge test if indicated)

Other:

- Resting Oxygen Saturation

** Note - Methacholine testing is **no longer available** at our site except by consultation with our Respirologist**

Symptoms of: cough wheeze dyspnea other _____

Smoking History: no previous current pack-years _____ year quit _____

Reason for Test: diagnosis follow-up other _____

Current Medications: inh. steroid short-acting bronchodilator long-acting bronchodilator
 oral steroid antihistamines theophylline

PLEASE SEE REVERSE FOR PATIENT INSTRUCTIONS FOR PULMONARY FUNCTION TESTING

Patient Instructions for Pulmonary Function Testing

For ALL breathing tests:

Medication	Minimum Withholding Time (hours)
Short-acting bronchodilators (e.g. salbutamol, terbutaline, ipratropium)	AVOID x 6 HOURS
Long-acting bronchodilators (e.g. salmeterol, formoterol, olodaterol, vilanterol, indacaterol)	AVOID x 24 HOURS
Oral theophylline	AVOID x 48 HOURS

- **NO SMOKING OF ANYTHING** on the day of the test
- **AVOID EATING A HEAVY MEAL** on the day of the test
- **AVOID EXERCISING** prior to the test
- Patients with acute respiratory infection (e.g. cold, flu) will be asked to reschedule

For METHACHOLINE CHALLENGE testing:

Medication	Minimum Withholding Time (hours)
Short-acting beta-agonists (SABA e.g. salbutamol, terbutaline)	6 HOURS
Short-acting anticholinergics (e.g. ipratropium)	12 HOURS
Long-acting beta-agonists (LABA e.g. salmeterol, formoterol)	36 HOURS
Ultra-long-acting beta-agonists (e.g. indacaterol, vilanterol, olodaterol)	48 HOURS
Long-acting anticholinergics (e.g. tiotropium, glycopyronium)	72 HOURS
Ultra-long-acting anticholinergics (e.g. aclidinium)	168 HOURS (7 days)
Inhaled corticosteroids	DO NOT WITHHOLD
Oral theophylline	48 HOURS
Oral leukotriene receptor antagonists (e.g. monteleukast)	DO NOT WITHHOLD
Oral antihistamines	DO NOT WITHHOLD
Oral corticosteroids (e.g. prednisone)	DO NOT WITHHOLD
Oral beta-blockers	CONSULT OFFICE