



**SOUTHWEST
PULMONARY
& SLEEP
CENTRE**

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RESPIRATORY FUNCTION LABORATORY – REFERRAL FORM

Patient Name: _____ Date of Birth: ____/____/____

Address: _____ Phone: _____

Smoking History: ☐ Current ☐ Ex-smoker ☐ Never

Tests Required:

- ☐ Spirometry (Pre & Post Bronchodilator)
- ☐ Lung Volumes
- ☐ Diffusion Capacity
- ☐ Exhaled Nitric Oxide (FeNo)
- ☐ Mannitol Challenge Test (Bronchial Provocation Test)
- ☐ MIPs & MEPs (Respiratory Muscle Function Tests)

Please withhold any puffers on the day of testing – See instructions on the reverse side of page

Referrer Details

Doctor: _____ Provider No.: _____

Address: _____

Phone: _____ Healthlink EDI: _____

Signature/Stamp:



LUNG FUNCTION TEST INSTRUCTIONS

Please read the following specific instructions to prepare for your lung function test:

All patients are asked to refrain from the following before their test –

- Smoking (1 hour)
- Performing vigorous exercise (1 hour)
- Consuming alcohol or caffeinated drinks (4 hours)

Test	Time to Withhold Medication (before)	Medication to Withhold
Full Lung Function Test and Spirometry	8 hours prior to test	Ventolin, Respolin, Asmol, Bricanyl, Atrovent, Intal, Airomir, Epaq
	12 hours prior to test	Seretide, Symbicort, Serevent, Oxis, Foradile, Tilade, Intal, Flutiform, Bretaris Genuair, Brimica Genuair
	24 hours prior to test	Spiriva, Onbrez, Ultibro, Anoro, Breo, Spiolto
Mannitol Challenge Test (Bronchial Provocation Test)	8 hours prior to test	Ventolin, Asmol, Bricanyl, Atrovent
	24 hours prior to test	Drixine, Rhinocort, Beconase
	48 hours prior to test	Seretide, Symbicort, Serevent, Oxis, Foradile, Tilade, Intal, Flutiform, Bretaris Genuair, Brimica Genuair
	72 hours prior to test	Spiriva, Seebri, Incruse, Onbrez, Ultibro, Anoro, Breo, Spiolto, Antihistamines (Telfast, Zyrtec, Claratyne, etc)
	4 days prior to test	Singulair, Accolate