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Respiratory Function Laboratory Request Form

Name: _____ Surname: _____ DOB: _____

Address: _____

Home Phone: _____

Work: _____ Mobile: _____

Clinical Details: _____

Respiratory Medications: _____

Investigations Requested:

Spirometry
(pre and post bronchodilator)

Complex Lung Function
(Spirometry, Lung Volumes and Gas Diffusion)

Spirometry and gas diffusion
(pre and post bronchodilator)

Respiratory Muscle Strength
(MIPS/MEPS)

Bronchial Provocation testing can be provided following consultation with Dr Churton.

Copies of report to: _____

Referring Doctor Details: *Please stamp/insert details*

Signature: _____ Date: _____



Testing Preparation

- Caffeine – Tea, coffee, cola and chocolate should be avoided the day of the test.
- Smoking and vigorous exercise should be avoided the day of the test.

Medication withholding times

Tests	Time to withhold (before)	Medication
Spirometry before and after bronchodilator	4 hours	Asmol, Atrovent, Bricanyl, Ventolin
	12 hours	Foradile, Oxis, Seretide, Serevent, Symbicort
Bronchial Provocation testing	8 hours	Atrovent, Airomir, Asmol, Bricanyl, Ventolin
	24 hours	Foradile, Oxis, Seretide, Serevent, Symbicort
	72 hours	Claratyne, Telfast, Zyrtec