



Humber River Hospital

Pulmonary Function Diagnostic Requisition

Bookings: (416) 242-1000 Ext. 47202

Fax: (416) 242-1066

Humber River Hospital

Respiratory & Neuro Diagnostics Clinics

Level 1 - Portal B

1235 Wilson Ave.

Toronto, ON, M3M 0B2

Appointment Date: _____

Time: _____ ☐ AM ☐ PM

Referring Physician: _____

Copies to: _____

Reason for Test: _____

Current medications: _____

Relevant Past Medical History: _____

ROUTINE PULMONARY FUNCTION TESTS -

☐ Please check if you **DO NOT** want respiratory medications held prior to procedure

☐ Spirometry without Bronchodilator (BD)

☐ Spirometry with Pre/Post Bronchodilator (BD)

Includes:

- SpO2 and HR at rest

☐ Full Pulmonary Function Study without BD

☐ Full Pulmonary Function Study with BD

Includes:

- SpO2 and HR at rest

- Spirometry Pre/Post Bronchodilator

- Lung Volume Measurement

- Diffusing Capacity (DLCO)

OTHER TESTS

☐ Methacholine Challenge Test

Date of MCT _____

- must have a previous Full PFT study or pre/post bronchodilator test) within 2 months

☐ Supine Forced Vital Capacity

☐ Maximal Inspiratory and Expiratory Pressures

☐ Six Minute Walk Test (Oximetry with Exercise)

Indicate: ☐ on Room Air or ☐ on Oxygen _____ L/Min

☐ Arterial Blood Gas

Indicate: ☐ on Room Air or ☐ on Oxygen _____ L/Min

HOME OXYGEN ASSESSMENT (as per Ministry of Health and Long-term Care Guidelines)

☐ Initial Assessment

Includes Arterial blood Gas if indicated

☐ Renewal

Arterial Blood Gas not included

Note: Referring Physician to setup Home Oxygen if required

Physician Signature: _____

PLEASE SEE REVERSE FOR INSTRUCTIONS ON HOW TO PREPARE FOR YOUR TEST including medication withholding times