

Out-patient Cardiopulmonary Services Requisition

Ambulatory Clinics  
Tower D, First Floor  
715 Mackay Street, Pembroke ON K8A 1G8  
Booking office: 613-732-2811 EXT 6612  
Booking Office Fax: 613-732-6350

Please Print

Patient Name: \_\_\_\_\_

Date of Birth \_\_\_\_\_

\_\_\_\_\_  
YYYY/MM/DD

Telephone: ( ) - -

Appointment Date: \_\_\_\_\_

\_\_\_\_\_  
YYYY/MM/DD

Appointment Time: \_\_\_\_\_

Please Note your signature enables: \* for pre and post  
bronchodilator tests we will administer 4 puffs of salbutamol to  
patients 12 years of age and older and 2 puffs of salbutamol to  
patients between age 6 and 12 years

Brief history/diagnosis / CURRENT RESPIRATORY MEDICATIONS

Does the patient smoke  Yes  No

PLEASE CHECK OFF THE REQUIRED APPOINTMENTS

Pulmonary function tests

- Complete PFT (patient must be greater than 16 years old)
- Spirometry (Flow Volume Loop)
- Repeat Spirometry after bronchodilator
- Diffusion Capacity
- Lung Volumes
- O2 Saturation
- Spirometry - pre and post flow volume loop, O2 saturation
- Oximetry at rest and on exertion
- Home Oxygen Assessment with oximetry strip and ABG if required
- Arterial Blood Gas
- Maximal Inspiratory and Expiratory Pressures

Please give patient PFT instructions on reverse →