Eastern Health
Child/Women's Health Program

Pediatric Pulmonary Function Services Requisition

Please fax completed requisitions to 777-4518 (Janeway)
Please note that incomplete or illegible requisitions will be returned.

IV1610 0428 09 2015

NOTE: In order to obtain reliable PFT results, patient must be at least 6 years of age and able to follow verbal instructions.

Patient Information
Name: _____
HCN: _____
Date of Birth: _____ DD/MONTH/YYYY
Address: _____
_____
Telephone: _____
Age: _____ Gender: _____

Physician Information (please use stamp or print legibly)

Physician's Signature: _____
Date of Request: _____ DD/MONTH/YYYY

Patient Diagnosis/Relevant History (including medications and smoking history):

Requested Tests

- ☐ Flow Volume Loops*
- ☐ Flow Volume Loops – post-bronchodilator*
- ☐ Lung Volumes*

**These are the baseline tests indicated in most patients.*

- ☐ Diffusing Capacity
- ☐ Methacholine Provocation
- ☐ Pulse Oximetry