



Respiratory Function Referral

Respiratory Function Laboratory

Ground Floor, Reception A3

Outpatient Appointments

Telephone 9345 6180 Facsimile 9345 5034

Inpatient Appointments

Extension 55841

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\bigcirc	Spirometry
\bigcirc	Spirometry with Bronchodilator Response
\bigcirc	Lung Volumes (Body plethsymography)
\bigcirc	Lung Diffusion (DLCO)
\bigcirc	Exercise Challenge (Bronchial provocation)
\bigcirc	Exercise Oximetry
\bigcirc	Cardiopulmonary Exercise (Aerobic fitness)
\bigcirc	High Altitude Simulation (Pre-flight assessment)
\bigcirc	Oximetry (Oxygen assessment)
\bigcirc	Multiple Breath Washout (LCI)

UR NUMBER

SURNAME

GIVEN NAME(S)

DATE OF BIRTH

AFFIX PATIENT LABEL HERE ↑

Clinical details

Referring doctor details

Name		
Department/Address		
Telephone		
Signature	Date	