

Lung Function Request



Frankston Private Hospital
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APPOINTMENT DETAILS

Date ____ / ____ / ____ Time _____

PATIENT DETAILS

Name _____

D.O.B ____ / ____ / ____ Phone _____

Address _____

INVESTIGATIONS

- Spirometry (Pre and Post Bronchodilator)
- Diffusing Capacity (DLCO)
- Bronchial Provocation Test
- MIPS/MEPS - Respiratory Muscle Strength
- FeNO (Fractional Exhaled Nitric Oxide)

REQUESTING DOCTOR DETAILS

Name _____

Provider Number _____

Address _____

Copy results to _____

Signature _____

Date ____ / ____ / ____

CLINICAL NOTES

Clinical question (reason for test) _____

History _____

_____ Smoker Yes No Ex

Medications _____