Melbourne Respiratory & Sleep Services

Respiratory and Laboratory Consultation Request

Ph: 9459 0555 Fax: 9455 0786
reception@mrss1.com.au
www.melbourne respiratoryandsleep.com.au
226 Burgundy Street, Heidelberg VIC 3084

Patient Details

Surname : _____ Given Name : _____

Address : _____

Date of Birth: _____ Telephone : _____

Clinical Notes / Reason for Referral

Tests Required/ Respiratory Function Tests

- ☐ Spirometry
- ☐ Transfer Factor
- ☐ Plethysmographic Lung Volumes
- ☐ Bronchial Provocation Tests (Mannitol)
- ☐ Maximal Respiratory Pressures
- ☐ FeNO

Consultation

☐ Consultation with Specialist Physician

_____

_____

Requesting doctor

Name : _____

Provider number : _____

Address : _____

Phone/ Fax : _____

Signature : _____ Date: _____

Copies to : _____

⚠ IMPORTANT – Please see detailed respiratory test preparation instructions and medication withholding requirements.

Products To Be Avoided Prior To Testing	Time to avoid prior to testing (unless essential)	
	Routine Testing	Bronchial Provocation Testing
Short acting bronchodilator (Ventolin, Bricanyl, Atrovent, Asmol)	6 Hours	8 Hours
LAMA (Spiriva, Genuair, Seebri, Incruze, Anoro)	12 Hours	24 Hours
LABA (Serevent, Foradile, Oxis, Onbrez, Anoro)	24 Hours	24 Hours
Combination steroid/LABA (Seretide, Symbicort, Flutiform, Ellipta)	24 Hours	24 Hours
Antihistamine (Zyrtec, Telfast, Claratyne etc.)	N/A	72 Hours
Caffeine	N/A	Day of Test
Theophylline (Nuelin, Theodur)	N/A	24 Hours

⚠ Do not stop any medication that is essential for your safety without medical advice.

SCAN ME

Location

Main Lab

226, Burgundy St, Heidelberg VIC 3084