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

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

## 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 : _____

# 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