



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

☐ Bronchial Provocation Tests (Mannitol)

☐ Transfer Factor

☐ Maximal Respiratory Pressures

☐ Plethysmographic Lung Volumes

☐ 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