



# Respiratory Therapy Outpatient Tests

Owen Sound Site

\*Please note Respiratory Therapy outpatient testing at Owen Sound lab is for patients 6 years of age and older, PFT is for patients 10 years of age and older.

1800 8<sup>th</sup> Street East  
 Pulmonary Function Lab  
 P(519)376-2122 ext. 2119  
 F(519)371-2358

<b>PATIENT IDENTIFICATION:</b>	
Patient Name (last, first):	
Address:	
Primary Phone #:	Secondary Phone #:
Date of Birth (yyyy/mm/dd):	Health Card No:
<b>TEST INFORMATION:</b>	
<input type="checkbox"/> Spirometry <input type="checkbox"/> Pre and Post Spirometry only <input type="checkbox"/> Full PFT <input type="checkbox"/> Pre and Post PFT <input type="checkbox"/> FeNO Testing (Fractional Exhaled Nitric Oxide) measure of airway inflammation *Testing requirements: <ul style="list-style-type: none"> <li>• Smoking, Vaping and use of oral and inhaled steroids impact the accuracy of the test.</li> <li>• Oral and Inhaled steroids <b>MUST</b> be held for 4 weeks prior to the test (such as Prednisone, Advair, Symbicort, Zenhale, Flovent, Pulmicort, Qvar, Asmanex, Alvesco, Breo, Trelegy, Singulair).</li> <li>• No Smoking or Vaping of any substance for 4 weeks prior to test.</li> </ul> *Methacholine Testing is available by order of a Respirologist or Pediatrician only.	
<input type="checkbox"/> Home Oxygen Assessment (which includes the following tests): <ul style="list-style-type: none"> <li>• An Arterial Blood Gas if required *If the patient has had an <u>ABG within 30 days</u> of the home oxygen assessment <u>please advise</u>.</li> <li>• Walking Oximetry test(s) with/without Borg dyspnea values as required.</li> </ul>	
<input type="checkbox"/> Home Oxygen Funding Renewal: Date of original home oxygen assessment: _____	
<input type="checkbox"/> Arterial Blood Gases *Not for home oxygen assessment	
Reason for testing: _____	
Pertinent medical history: _____	
<b>PHYSICIAN INFORMATION:</b>	
Additional copies to be forwarded to Dr. (s):	
Ordering Physician:	Fax Number:
Date:	Phone Number:
OHIP Billing Code:	Physician Signature:
<p><b>Please Complete and Fax to 519-371-2358</b></p> <p><b>Brightshores will notify the patient of appointment date and time</b></p>	

