



**Covenant Health  
Misericordia**

16940 87 Avenue Edmonton Alberta T5R 4H5  
Tel: 780.735.2706 Fax: 780.735.2522

**PULMONARY FUNCTIONS LABORATORY REQUISITION**

To Schedule Patients for PF Testing please call or fax to the following numbers only

**OUTPATIENT BOOKING**

Telephone: 780.735.2768

Fax: 780.735.2930

Please **REPORT TO ADMITTING** (main lobby)  
15 minutes before your appointment and present this form upon arrival.

<b>Your Appointment is scheduled for:</b>	<b>Surname:</b>	<b>First</b>	<b>Initial</b>
Date: _____ Time: _____			
<b>Procedure/Test Ordered:</b> <input type="checkbox"/> Pulmonary Function Test <input type="checkbox"/> Spirometry <input type="checkbox"/> Arterial Blood Gas on Room Air <input type="checkbox"/> Oximetry <input type="checkbox"/> Other	<b>D.O.B. (M/D/Y)</b>	<b>Telephone #:</b>	<b>Sex</b> <input type="checkbox"/> M <input type="checkbox"/> F
	<b>Address:</b>		
	<b>Provincial Health Number:</b>		
<b>Referring Physician:</b>  <b>Address:</b>  <b>Telephone:</b>	<b>Allergies/Reactions:</b>		
	<input type="checkbox"/> None		
	<b>Medications:</b>		
	<input type="checkbox"/> None		

**Relevant History or Diagnosis:**

**Special Instructions/Orders:**

Bring all current respiratory medications to the appointment.  
Do not use Bronchodilators/Inhalers 4 hours prior to test.  
Do not Smoke prior to test.  
Other (Specify)

If you are unable to keep your appointment or require information regarding this procedure, please call your Doctor's Office or the Outpatient Booking office  
(Telephone: 780 735.2768 Mon - Fri 8:00 am - 5:00 p.m.) After hours, please leave a detailed message.

Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_