

North York Pulmonary Function Center

2 Champagne Drive, Unit B21 (Champagne Centre) Toronto, ON M3J 2C5

Tel: 416-636-6664 Fax: 416-636-8999

Pulmonary Function Testing Referral

Please turn over for patient instructions and directions to the clinic

Patient Name: _____

Date of Birth: DAY _____ MONTH _____ YEAR _____

Address: _____

Home Phone: _____ Work Phone: _____

Health Card # _____ Version Code: _____

Tests Required (Please Check All That Apply):

☐ Complete PFT

(Includes Pre/Post Bronchodilator, Spirometry, Diffusion Capacity, Lung Volume, Resting Oximetry)

☐ Pre/Post Bronchodilator

For Complete PFT & Pre/Post Bronchodilator, we administer Ventolin by default. If Atrovent is preferred, please tick off the Atrovent box.

☐ Atrovent

☐ Spirometry

☐ Resting Oximetry

☐ Exercise Oximetry

☐ Methacholine Challenge Test

☐ Other:

Clinical Information (Required):

☐ Tests and Consultation with a
Respirologist

☐ Tests Only

Date: _____
dd/mm/yyyy

Print Physician Name _____

Physician Signature _____

MD

Phone: _____

Fax: _____

Additional copies to: _____

NORTH YORK PULMONARY FUNCTION CENTER

PATIENT PREPARATION SHEET - PULMONARY FUNCTION TESTING

1. For all general breathing tests you will be asked to perform a series of forced and relaxed breathing maneuvers. If requested by your physician, a medication that may open your airways may be offered to you.
2. Your test may take up to 60 minutes.
3. Patients are asked NOT to take any breathing medication for 12 hours prior to tests. If you are symptomatic and need your breathing medication, take it, and advise the Pulmonary Technician at your appointment. Take all your other medications as usual.
4. Patients are not required to withhold medication for walking tests unless otherwise advised by the ordering physician.
5. If you have been booked for methacholine testing, please note that the test involves inhaling a preparation that may irritate your lungs. You will be given a medication that will reverse the irritation within minutes. You will be asked to sign a consent form prior to starting the test.
6. Please bring a list of all medications you are taking to your appointment.
7. Smoking should also be avoided for at least 4 hours prior to these tests.
8. If you are unable to keep your appointment, contact our office as soon as possible to rebook. We require 48 hours notice of cancellation so that another patient can be scheduled. Failure to provide 48 hours cancellation notice will result in a missed appointment fee of \$100 that must be paid before you can reschedule. This cancellation fee is not covered by OHIP.
9. To reschedule an appointment or inquire about any test you are booked for please contact our booking office at 416-636-6664.
10. We are located at 2 Champagne Drive, Unit B21, Toronto, Ontario within the Champagne Centre. We are two blocks West of Dufferin Street on the South side of Finch Avenue. Please enter through the main entrance located by the parking lot.
11. Parking is free of charge in the back lot.

YOUR TEST IS BOOKED FOR _____ AT _____