



Knox Respiratory & Sleep Services

ABN: 64 605 709 753

Suite 11A Knox Private Hospital, 262 Mountain Hwy, Wantirna, 3152

Ph: 03 9917 7390

Fax: 03 9917 7391

E: admin@krss.com.au

Referral for Lung Function Test

Patient Details

Name:

Date of Birth:

Address:

Telephone (Home):

Medicare No.:

Telephone (Mobile):

Referral/Request(s) for:

Clinical details/reasons for referral:

- Spirometry – pre & post bronchodilator
- TLCO – Gas Transfer
- Lung volumes
- Bronchial Provocation
- FeNO

Referring Doctor Details:

Results:

- Fax (No. _____)
- Hardcopy via post
- Return with patient
- Electronic copy

Provider no.:

Doctor's signature:

Copies to:

Current Medications

Date:

To make an appointment please call Knox Respiratory & Sleep Services on **03 9917 7390**.

Referrals can be faxed to **03 9917 7391** or emailed to admin@krss.com.au

Your appointment details: Appointment time: _____ Appointment date: ____/____/20____

IMPORTANT INFORMATION FOR PATIENTS: (Please read before your appointment)

- No short-term bronchodilators for four (4) hours unless required (e.g. Ventolin, Atrovent, Bricanyl, Asmol etc.)
- No long-term bronchodilators for 12 hours before unless required (e.g. Seretide, Symbicort, Spiriva, Trelegy etc.)
- No large meals (that will affect your capacity to take a deep breath) directly before testing
- No caffeine products (incl. chocolate) for six hours if having a **bronchial provocation test**
- No antihistamines for 48 hours prior to test
- No smoking on the day of the test

Please bring your referral to your appointment