

LUNG FUNCTION TEST

Bookings: (03) 9594 2278 Fax: (03) 9594 6021

Monash Medical Centre 246 Clayton Rd Clayton 3168
Dandenong Hospital 105-135 David St Dandenong 3175
Berwick Healthcare 76 Clyde Road Berwick 3806

Monash
Lung
Function



MONASH
LUNG AND SLEEP
MonashHealth

TESTS REQUIRED:

AVAILABLE AT ALL LABORATORIES:

- 1 **Spirometry** Pre-bronchodilator
- 2 **Spirometry** Post-bronchodilator
- 3 **Transfer factor** (Diffusing capacity)
- 4 **Skin prick test** Limited/other - Specify _____
- 5 **O₂ Assessment** Patient have Pulmonary hypertension? Y/N

AVAILABLE AT MONASH MEDICAL CENTRE ONLY:

- 6 **Lung volumes** (Body plethysmography)
- 7 **Cardiopulmonary Exercise Test**
- 8 **Bronchial Provocation** - Specify _____
- 9 **Other** (after consultation with the laboratory)

DIAGNOSIS / CLINICAL QUESTION:

APPOINTMENT: Date:

Time:

PATIENT DETAILS:

UR:

Name:

Address:

Phone:

Date of birth:

Sex:

Age:

REFERRING DOCTOR DETAILS:

Name:

Address:

Phone:

Send report to:

Signature:

Fax/email:

Date:

Service Providers

Provider Number

Dr P Holmes

18842AJ

Dr N Freezer

0308098K

TEST 4 Withhold all antihistamines for four (4) days before the test eg Telfast, Claratyne, Polaramine & Zyrtec.

TEST 1, 2 & 8 Unless necessary, please withhold Serevent, Seretide, Symbicort, Spiriva or Oxis for twelve (12) hours prior and; Ventolin, Bricanyl or Atrovent for at least four (4) hours prior to your test.