NORTH YORK PULMONARY FUNCTION CENTER

2 Champagne Drive, (Champagne Centre) Unit B21, Toronto, ON M3J 0K2

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

Pulmonary Function Testing Referral

Please turn over for patient instructions and directions to the clinic

PATIENT INFORMATION

Patient Name:											
Date of Birth: DAY		MONTH	YEAR								
Addı	ress:										
			Work/ Cell Phone:								
пеа			Version Code:								
_	SERVICES REC	QUIRED (Please	Check All That Apply)								
	Respirology Consultation										
	Complete PFT (includes Pre/Post Bronchodilator Spirometry, Diffusion Capacity, Lung Volumes, Resting Oximetry)										
	PFT without Bronchodilator										
	Pre/Post Bronchodilator For Complete PFT & Pre/Post Bronchodilator, we administer Ventolin by default. If Atrovent is preferred, please tick off the box										
	pirometry										
	Resting Oximetry										
	Methacholine Challenge Test (due to volume and wait time, currently we are only able to accommodate MCT referrals from physicians at Polyclinic or for patients who are seeing a Polyclinic or NYPFC respirologist.)										
	Other										
	CLINICA	AL INFORMATIO	N (Required)								
Reas	son for Referral/ Other Clinical Information										
Plea	se Check all that Apply:										
Yes		Yes	No Unstable Angina or MI/Heart Attack								
	Suspected TB (Tuberculosis)		(Within 3 Months)								
	Hemoptysis (Physician's discretion)		Recent Surgery (within 4 wks)								
	F	REFERRING PHYS	SICIAN								
(PRINT) Physician Name		Physician S	Signature Date								
Pho	ne:	Fax									
Addi	itional Copies to:										

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PATIENT PREPARATION SHEET – PULMONARY FUNCTION TESTING

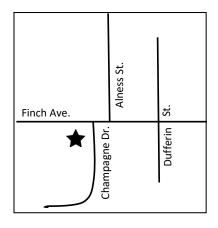
- 1. For all routine pulmonary function test **(PFTs)** you will be ask to perform a series of breathing manoeuvers. If requested by your physician, a medication that may open your airways may be administered to you.
- 2. Your test may take up to 60 minutes.
- 3. Patient should **NOT** take any breathing medication prior to the test adhering to the withholding time listed below under RTN PFTs. <u>Unless otherwise advised by your physician to do so</u>. If you are symptomatic and need your breathing medication, take it, and advise the pulmonary tech at your appointment. Take all your other medications as usual.
- 4. If you have been booked for <u>methacholine challenge testing</u>, (MCT) please note that the test involves inhaling a drug preparation that may irritate your airways. You will be given a medication that will reverse the irritation within minutes. <u>Please DO NOT TAKE your breathing medications</u>, please follow withholding time listed below under MCT. You will be ask to sign a consent form prior to starting the test.

	RTN PFTs	MCT Withholding time	SABA		SAMA		LABA		Ultra-LABA				
INHALED MEDICATIONS	Withholding time		Trade Name	Generic Name	Trade Name	Generic Name	Trade Name	Generic Name	Trade Name	Generic Name			
SABA	6 hrs	8 hrs	Ventolin	salbutamol	Atrovent	ipratropium	Oxeze	formoterol	Onbrez	Indacaterol			
SAMA	12 hrs	12 hrs	Bricanyl	terbutaline			Serevent	salmeterol	see ²	Vilanterol			
LABA	24 hrs	36 hrs							see ²	Olodaterol			
Ultra-LABA	36 hrs	48 hrs	LAMA		Leukotriene modifiers		ICS (inhaled corticosteroids)		Cromones				
LAMA	48 hrs	at least 1 week	Trade Name	Generic Name	Trade Name	Generic Name	Trade Name	Generic Name	Trade Name	Generic Name			
ICS	not withheld	not withheld	Spiriva	tiotropium	Singulair	montelukast	Flovent	Fluticasone	Intal	cromoglycate			
ORAL MEDICATIONS			Incruse	umeclidinium			Arnuity	Fluticasone	Fivent	nedocromil			
Corticosteroids	not withheld	not withheld	Tudorza	aclidinuim			Pulmicort	Budesonide					
Leukotriene modifiers	not withheld	not withheld	Seebri	glycopyrronium			QVAR	Beclomethasone					
Theophyllines							Asmanex	Momethasone					
liquid	not withheld	12 hrs					Alvesco	Ciclesonide					
intermediate-acting	not withheld	24 hrs	1 Daxas (roflumilast).										
long-acting	not withheld	48 hrs	2 These medications do not exist as a mono therapy in Canada; Vilanterol is a LABA component of Anoro and Breo.										
Anti-histamines	not withheld	not withheld	Abbreviation: SABA: Short-acting beta-agonist, SAMA: Short-acting muscarinic agents, LABA: Long-acting beta-agonist,										
PDE4 inhibitors ¹	not withheld	not withheld	Ultra-LABA	Ultra long-acting b	eta-agonist.	AMA: Long-acti	ng muscarinic	agents.					

Breathing Medication Withholding Time

- 5. Please bring a list of all your medication you are taking to your appointment.
- 6. Smoking should also be avoided at least 4 hours prior to your scheduled test.
- If you are unable to keep your appointment, contact our office as soon as possible to rebook. We require 48 <u>hours</u> <u>notice</u> 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.
- 8. To reschedule an appointment or inquire about any test you are booked for please contact our booking office at 416-636-6664.
- 9. 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 East entrance by the parking lot.
- 10. Parking is free of charge.

YOUR TEST IS BOOKED FOR:



AT _____