St. Vincent's Hospital Respiratory Laboratory

Director: Dr. David Hart
Level 1, Bolte Wing, Building F, 14 Nicholson St (near Victoria Pde), Fitzroy 3065

APPOINTMENT DETAILS

Date: ____/____/____

Time: _____ AM / PM

Appointments: 9231 3133
Fax: 9231 3188

PLEASE DO NOT TAKE ANY BREATHING MEDICATION AND AVOID SMOKING ON THE DAY OF YOUR TEST

PATIENT DETAILS

Name: _____ UR: _____

Address: _____

D.O.B .: ____/____/____ Ph: _____

CLINICAL DETAILS

REQUIRED TESTS (BULK BILLED)

- ☐ Spirometry
- ☐ Lung Volumes
- ☐ Diffusing Capacity (e.g. current/ past smokers)
- ☐ Skin Prick Tests
- ☐ 6 Minute Walk Test (oxygen assessment)
- ☐ Bronchial Provocation*
- ☐ Other:_____

No caffeine on the day of the test or antihistamine medications for 4 days prior.

REFERRING DOCTOR

_____
Name

_____
Address

_____
Provider No.

_____ ____/____/____
Signature Date

REPORTS

☐ Fax:_____

☐ Send copy to:

_____
Name

_____
Address

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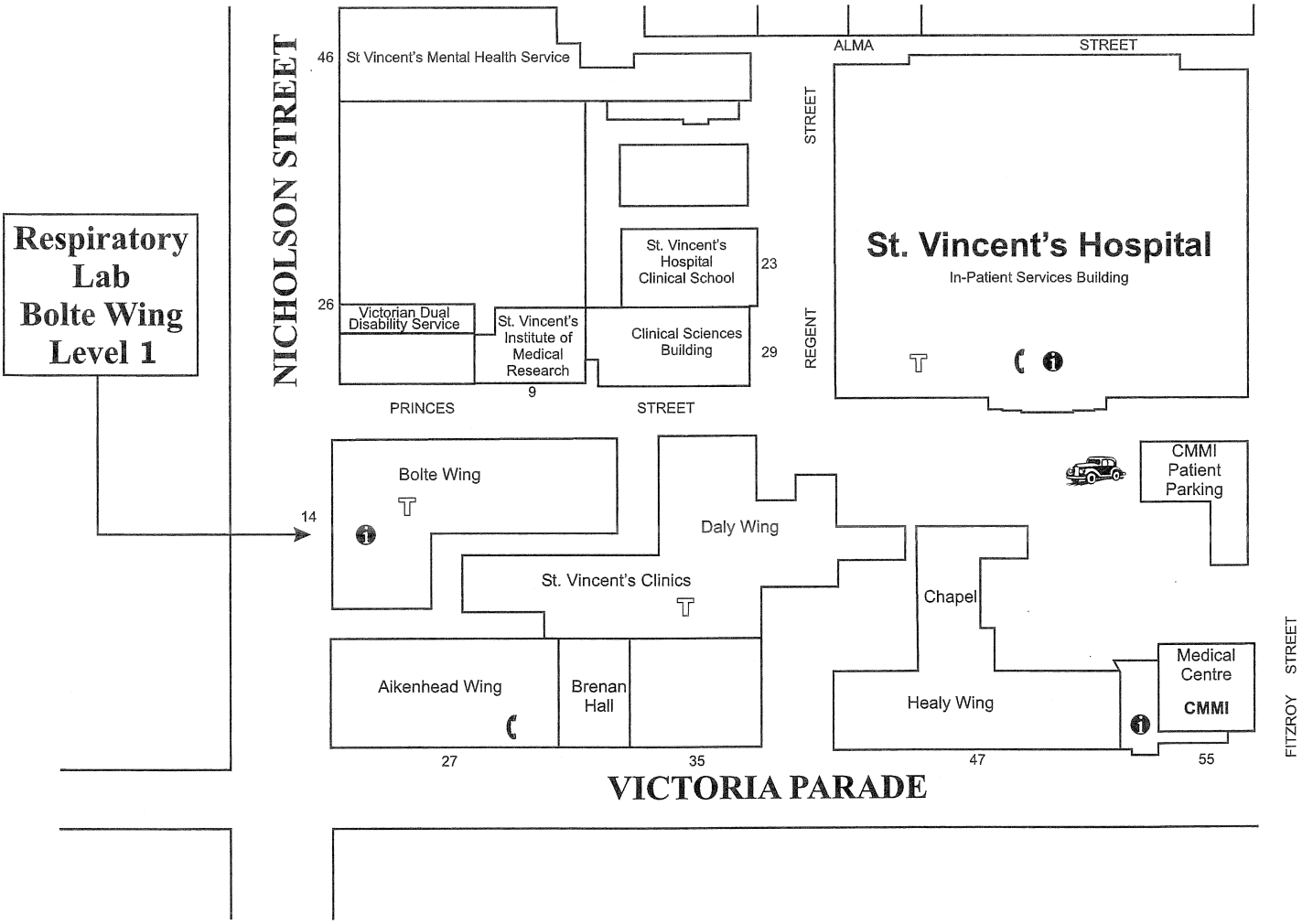
☐ Please send request pads