Lung Function Testing Service at Werribee Mercy Hospital

300 Princes Highway, Werribee 3030
Director: Dr. David Hart

APPOINTMENT DETAILS

Date: ____ /____ /____

Time:_____ AM / PM

Appointments: 9231 3134
Fax: 9231 3188

*** NO BREATHING MEDICATION ON THE DAY OF YOUR TEST ***

PATIENT DETAILS

Name: _____

Address: _____

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

CLINICAL DETAILS

REQUIRED TESTS

- ☐ Spirometry (pre and post bronchodilator)
- ☐ DLCO (Diffusing Capacity)
- ☐ Oxygen Saturation
- ☐ 6 Minute Walk Test (Oximetry)

LUNG FUNCTION TESTS WILL BE BULK-BILLED

REFERRING DOCTOR

_____
Name

_____
Address

_____
Provider No.

_____ _____/_____/_____
Signature Date

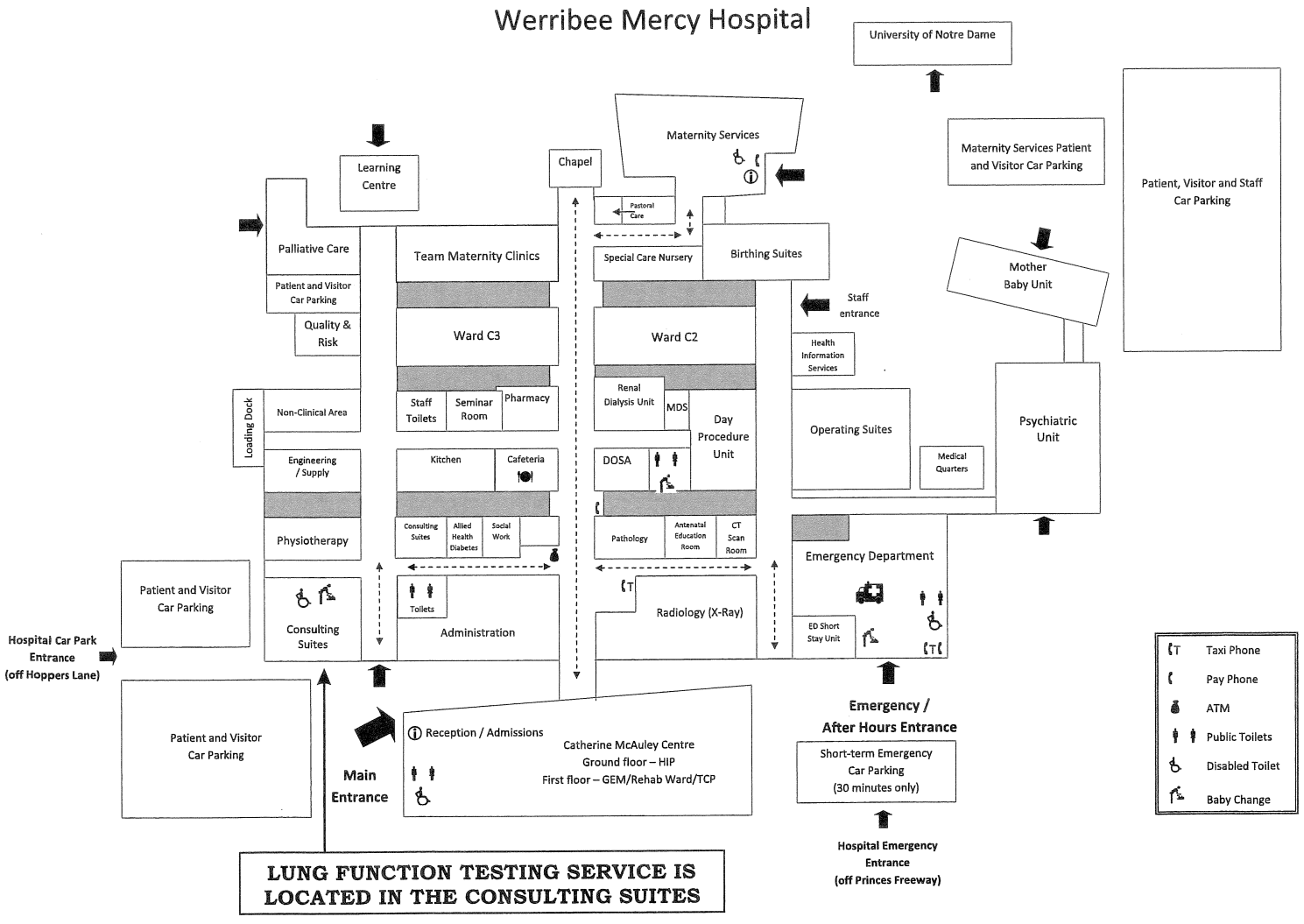
REPORTS

☐ Fax:_____

☐ Send copy to:

_____
Name

_____
Address

_____

☐ Request pads