

PULMONARY FUNCTION REQUISITION FORM

PATIENT INFORMATION

Name		Date	
Address		City/Postal Code	
D.O.B. (dd/mm/yy)		Male	Female
Phone (H)	Phone (W)		
Phone (C)	AHC#		
Reason for Test			
Current Medications			

REFERRING PHYSICIAN INFORMATION (PLEASE PRINT)

Name	
PRAC ID#	
Address	
Clinic Name	
Phone	Fax
Physician Signature	

PATIENT INFORMATION

PULMONARY FUNCTION PROCEDURE REQUESTED

Please Check the Procedure to be Performed

Complete Pulmonary Function Test

Arterial Blood Gases (ABGs)

Spirometry

SLEEP TESTING - Services provided by RHS

Sleep Apnea Diagnostics (Level III)
 May include CPAP Trial / Treatment, Oral Appliance, Provent Therapy

CPAP Re-assessment
 May include level III, CPAP Trial / Treatment

Oral Appliance Therapy Consultation

O2 Assessment

Other: _____

MAYFAIR
DIAGNOSTICS

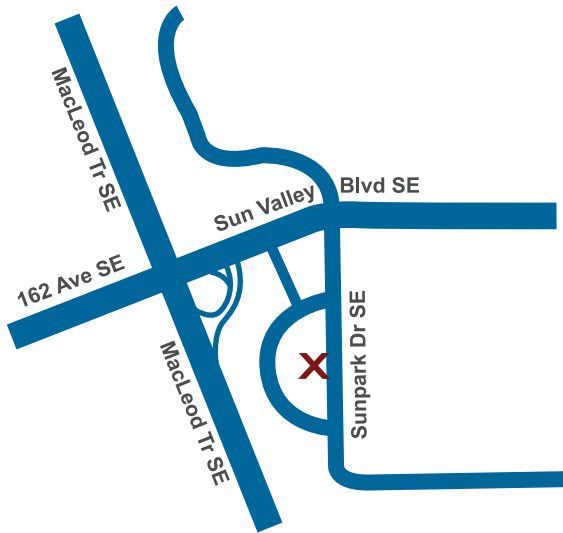
CXR

Other: _____

FOR LAB USE ONLY

Date Received	Initial
Appointment Date	Time
Comments	

WHERE TO FIND US



South East

103-51 Sunpark Drive SE
 Calgary, AB T2X 3V4
 (MacLeod Tr. & Sun Valley Blvd.)

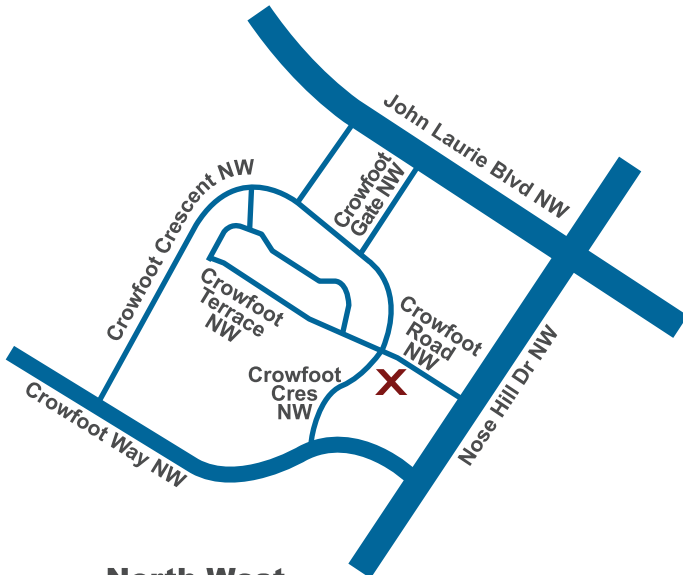
Full
 PFT Lab
 Location



North East

1011-53 Avenue NE
 Calgary, AB T2E 6X9
 (Deerfoot Tr. & McKnight Blvd.)

Full
 PFT Lab
 Location



North West

102-60 Crowfoot Crescent NW
 Calgary, AB T3G 3J9

Full
 PFT Lab
 Location



South West

102-6707 Elbow Dr SW
 Calgary, AB T2V 0E5

Full
 PFT Lab
 & Xray