

# 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

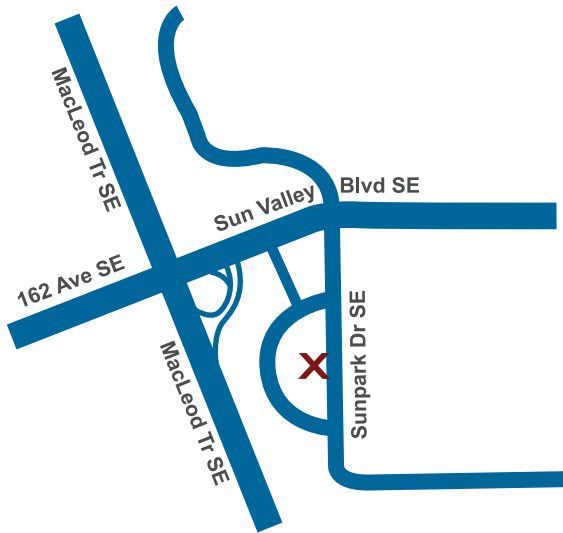
CXR

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.)

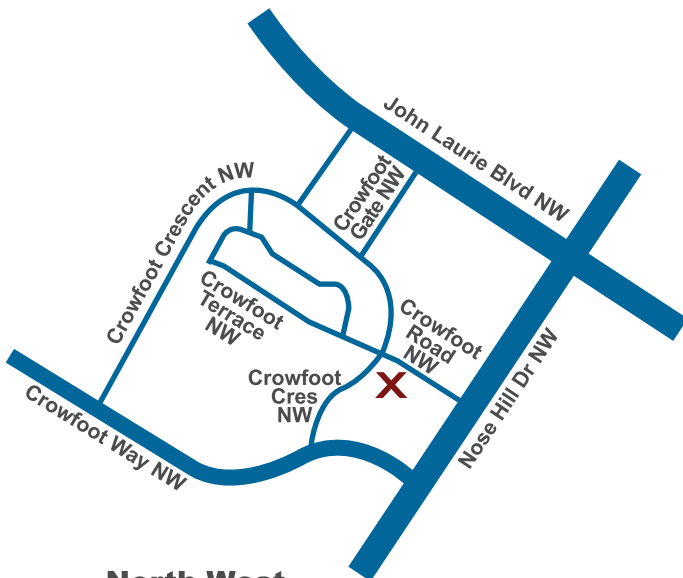
Full  
 PFT Lab  
 Location



## 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