



COMPLETE
RESPIRATORY CARE

8748 149 St NW,
Edmonton, AB T5R 1B6
Phone 780.800.6917

Respiratory Requisition Fax 780.800.6907

Patient Information (please Print or Affix Patient Label)

Name _____

Address _____

City/Town _____

Postal Code _____

Date of Birth ____/____/____ Age _____

Male Female

Date ____/____/____
 DD MM YY

PHN _____

Hm Phone _____

Wk Phone _____

Cl Phone _____

Referring Physician (please Print or Affix Clinic Label)

Name _____ Signature _____

PRACID _____ Family Physician's Name _____

Ph _____ Fax _____

Consultation Request

Please arrange for CXR, PFT, and TSH prior to consultation

Dr. Melenka

Reason for Referral

Full Pulmonary Function Test Spirometry pre vs. post

Avoid the following prior to testing:

- smoking within at least 6 hour
- consuming alcohol within 4 hours
- performing vigorous exercise within 30 minutes
- eating a large meal within 2 hours

If possible, patient should avoid taking any:

- short-acting bronchodilators (ie Atrovent, Bricanyl, Ventolin) for 12 hours prior to testing
- long acting bronchodilators (ie Advair, Symbicort, Oxeze or Spiriva) for 12 hours prior to testing

***** Instructions to Patients: Please bring all medication & inhalers with you to the appointment*****

Clinical History

Asthma COPD

Sleep Apnea Cough

Shortness of Breath

Lung Lesion

Other Please Specify:

Sleep Services:

Sleep Apnea Assessment (Level 3) & CPAP Trial/Treatment*

*When indicated by the Specialist's Sleep Study Interpretation

Note: Sleep Services provided by Sleep Therapeutics