



TOTAL
RESPIRATORY CARE

#604B—8600 Franklin Ave.
Fort McMurray, AB T9H 4G8
Phone 844.968.6423

Respiratory Requisition Fax 844.965.9550

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 or E cigarettes 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 6 hours prior to testing
- long acting bronchodilators (ie Advair, Symbicort, Oxeze or Spriva) 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 Funktional Sleep Solutions