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In Partnership with Mississauga Lung Health Centre



Pulmonary Function Test Requisition

Patient Information:

Patient Name:		Phone:	
Health Card #:		SMS:	
DOB:(DD/MM/YY)		Email:	

Test Requested (Please check or mark with X):

☐ **FULL PULMONARY FUNCTION TESTS** (pre and post bronchodilator, lung volumes, DLCO and oxygen saturation by pulse oximetry)

☐ without post bronchodilator testing

☐ **SPIROMETRY only**

☐ without post bronchodilator testing

Clinical Information / Reason for Test:

This is a: ☐ Diagnostic study ☐ Follow up study

Referring Provider Information:

Name:	Office Phone:
Billing/Provider number:	Fax:
Signature (or type name):	Date:

Patient Booking Instructions: Patients will be contacted directly for appointment booking.

For inquiries, call or text: 905-848-6079 or email pft@mlhc.ca

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