NEWCASTLE PULMONARY FUNCTION LABORATORY

NEWCASTLE LUNG GROUP

Suite 2, Ground Floor
20 Smart Street
Charlestown 2290
Telephone (02) 4965 3053
Facsimile (02) 4940 8001
Email: admin@newlung.com.au

REQUEST FOR INVESTIGATION

PATIENT DETAILS

Name …… DOB ……

Address ……

…… Phone/Mobile ……

TEST REQUESTED (see over for instructions)

1. ☐ PULMONARY FUNCTION TESTS *(Spirometry & Diffusing Capacity – without Bronchodilator)*
2. ☐ SPIROMETRY ☐ SPIROMETRY + FeNO (see instructions on back page)
   (Pre & Post Bronchodilator)
3. ☐ LUNG VOLUMES *(Total Lung Capacity, Residual Volume, Functional Residual Capacity)*
4. ☐ BRONCHIAL PROVOCATION *(Hypertonic Saline with Spirometry & Insp/Exp FVL)*
5. ☐ OVERNIGHT OXIMETRY
6. ☐ INSPIRATORY AND EXPIRATORY FLOW VOLUME LOOPS *(Pre & Post Bronchodilator)*
7. ☐ MAXIMAL RESPIRATORY PRESSURES
8. ☐ SKIN TESTS *(Standard 21 Allergens)*
9. ☐ ALTITUDE SIMULATION TEST *(Equivalent to airline cabin pressures)*

CLINICAL INFORMATION ……

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REFERRING DOCTOR

DR'S NAME
OR STAMP …… DATE ……

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SIGNED……..

PROVIDER NO …… COPY TO ……

REQUIREMENTS FOR TESTS

THE FOLLOWING CAN AFFECT THE TEST RESULTS:

1. Inhalers and nebulisers
2. Antihistamines
3. Oral and Inhaled steroids
4. Alcohol

FOR SPIROMETRY/FENO TESTING

Fast 1 hour prior to test – Nothing to eat or drink

No strenuous exercise 1 hour prior to test

If you smoke, refrain from smoking 1 hour prior to test

Location/Parking

Our address is Suite 2, Ground Floor, Sky Central East, 20 Smart Street, Charlestown. We are located on the corner of Smart Street and the Pacific Highway. The map below shows the parking available near our premises.