Phone/Text: 403-878-2006; Fax(Toll Free):1- 855-775-8535

E-Mail: InspirationPulmonaryHealth@shaw.ca

Inspiration Pulmonary Health

Requisition Form

Affix Patient Label or Fill Out Information	Affix Physician Stamp or Fill Out Information
Name:	Physician (Please Print):
Address:	Clinic:
DOB:	Phone: Fax:
Contact #:	Cc:
Provincial Health Care #	Signature:
Physician Concerns:	
Respiratory Symptoms: Current Respiratory Medications:	
Please Circle Reason(s) for Testing	
Asthma - COPD - Dyspnea -	Cough - ILD - Screening - Other
For "Other", please specify in Physician's Concerns Select from the Following Tests (all that apply)	
1. Respirology Consultation [Dr. Bao Dang]: [] Includes all necessary pulmonary tests as directed by Respirologist, please send any relevant medical information.	
2. Full Pulmonary Functions Test:	
3. Arterial Blood Gas:	
4. Simple Spirometry [Pre- and Post-Bronchodilator/DLCO Optional]:	
5. Respiratory Muscle Strength Testing [MIP/MEP/FVC]:	
6. Methacholine Challenge Testing [Bronchoprovocation]:	
7. Sleep Study and PFT: [ne through Respiratory Homecare Solutions
All testing includes respiratory education, pathology education, device teaching and smoking	

cessation counselling if applicable.