**Inspiration Pulmonary Health   
Requisition Form**

Affix Physician Stamp or Fill Out Information  
Physician (Please Print):  
Clinic:  
Phone: Fax:  
Cc:  
Signature:

Affix Patient Label or Fill Out Information  
Name:  
Address:  
DOB:   
Contact #:   
Provincial Health Care #

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:   
Includes PFT with Inspiration and a Sleep Study done through Respiratory Homecare Solutions

**All testing includes respiratory education, pathology education, device teaching and smoking cessation counselling if applicable.**