## Appointments bookings 1300 112 404

Date:

Signature:

Email: admin@respact.com.au

Suite 14, Calvary Clinic 40 Mary Potter Circuit Bruce,

Fax: 02 5134 4816

ACT 2617

Unit 9 Francis Chambers, 40 Corinna St., Phillip ACT 2606

## **IMPORTANT: PRIOR TO TEST IF POSSIBLE DO NOT TAKE**

- 4 -6 hours prior to your appointment time: Ventolin, Bricanyl, Asmol or Airomir
- 12 hours prior to your appointment time: Flixotide, Pulmicort, Qvar, Atrovent
- 24 hours prior to your appointment time: Serevent, Oxis, Alvesco, Seretide, Symbicort, Trelegy 36 hours prior to appointment time: Onbrez, Brimica, Ultibro, Anoro, Brea

Note all medications may not be listed. If unsure contact RespACT

**36 - 48** hours prior to appointment time: Spiriva, Bretaris, Seebri, Incruse, Spiolto

Appointment Details:	Date:	Tim	ne:
Patient Name:		Address:	
DOB:			
Phone #:			
Email:			
Medicare #:			,
Clinical Details (reason for	test):		
	Required Tests (pl	ease tick)	
Spirometry		I	FeNO(includes spirometry)
TLCO (Gas transfer)		:	Supine/Erect Spirometry
Lung Volumes			MIPS/MEPS
Oximetry screening (overnight)			Other (please specify)
6 Minute walk test			
Bronchial Provocation (Mannitol)			
Referring Doctor			Copies of report to be sent to:
Name:		Name:	
Provider No:		Fax:	
Address:		Email:	
Fax:		Other:	
Email:			