

Pulmonary Function Lab
St. Joseph's Hospital
268 Grosvenor Street, Room B3-030
London, ON N6A 4V2

Phone: 519-646-6000 ext. 61389
Fax: 519-646-6164



METHACHOLINE CHALLENGE REFERRAL FORM

Please note patient must have had spirometry testing within the last six months in order to schedule

Please complete all sections and FAX to **519-646-6164**

Note: Testing is contra-indicated for 4 weeks post eye surgery.

PATIENT INFORMATION

Name: _____

Gender: M F

Date of Birth: _____
(YYYY/MM/DD)

Health Card # _____

Telephone #: _____

REFERRING PHYSICIAN INFORMATION

Name: _____

Telephone # _____

Fax # _____

Signature: _____

CLINICAL INFORMATION:

1. Reason for Referral (Query?): _____

2. Respiratory Medications: No Yes (please list)

Current Respiratory Medications: _____

****Please review and sign reverse side of form****

PULMONARY FUNCTION LAB USE ONLY

Appointment Date and Time: _____

Instructions: _____

Location: St. Joseph's Hospital, 268 Grosvenor St., London, ON, Pulmonary Function Lab, Room B3-030

Please inform patients that they will receive an automated reminder call of their appointment one week prior, to change their preferred contact number they must call 519-646-6019.

Patient missed or cancelled their appointment. If testing is still required, please re-send referral.

Please see the list below to determine if your patient may stop their medication for the required time before their appointment. Failure to complete this section will result in the inability to schedule this appointment.

DRUG	HOURS WITHHELD
ACCOLATE	0
ADVAIR	36
AIROMIR	6
ALVESCO	0
ANORO	168 (7 DAYS)
APO-SALVENT	6
ARNUITY	0
ASMANEX	0
ATECTURA	48
ATROVENT	12
BREO	48
BREZTRI	168 (7 DAYS)
BRICANYL	6
COMBIVENT	12
DUAKLIR	168 (7 DAYS)
ENERZAIR	168 (7 DAYS)

DRUG	HOURS WITHHELD
FLOVENT	0
FORADIL	36
FORMOTEROL	36
INCRUSE	168 (7 DAYS)
INSPOLTO	168 (7 DAYS)
MONTELUKAST	0
ONBREZ	48
OXEZE	36
PULMICORT	0
QVAR	0
SALBUTAMOL	6
SALMETEROL	36
SEEBRI	168 (7 DAYS)
SEREVENT	36
SINGULAIR	0
SPIRIVA	168 (7 DAYS)

DRUG	HOURS WITHHELD
SYMBICORT	36
TERBUTALINE	6
TIOTROPIUM	168 (7 DAYS)
TORNALATE	6
TRELEGY	168 (7 DAYS)
TUDORZA	168 (7 DAYS)
ULTIBRO	168 (7 DAYS)
VENTOLIN	6
WIXELA	36
ZAFIRLUKAST	0
ZENHALE	36

I have reviewed the medication list and advised my patient that they may safely withhold the medications as required for testing.

Physician signature: _____

Date: _____