

Respirology Referral

201-1081 Carling Avenue
Ottawa, ON K1Y 4G2
Tel: (613) 729-8262
Fax: (613) 729-7870

REFERRING PHYSICIAN INFORMATION

Billing # Physician Name

Phone # Fax #

PATIENT INFORMATION/STICKER

Patient Name

OHIP # VC

Address

DOB (DD-MM-YY) Home/Cell Phone #

CONSULT DETAILS

- Respirology Consultation (for patients ≥ 16 yo.)
- Includes pulmonary function testing if indicated.

Please indicate urgency below:

- Routine (1-3 months)
 Semi-urgent (within 1 month)
 Urgent (within 14 days)

- Pulmonary Function Testing only: (select ≥ 1)

- Full PFT (Spirometry, lung volumes & DLCO)
 Spirometry pre & post bronchodilator
 Diffusion capacity & lung volumes
 Oxygen saturation by pulse oximetry

REASON FOR REFERRAL

In order to ensure timely triage of this patient, please attach patient profile including updated medication list & all relevant notes/test results.

