

Carling Respiratory Services

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Respirology Referral

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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 \geq 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 \geq 1)

- Full PFT (Spirometry, lung volumes & DLCO)
 Spirometry pre & post bronchodilator
 Diffusion capacity & lung volumes
 Oxygen saturation by pulse oximetry
 Fraction Exhaled Nitric Oxide (FeNO) _{100s}

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.

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Visit us at:

www.carlingrespiratoryservices.com

