



KNOX RESPIRATORY
& SLEEP SERVICES

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ABN: 64 605 709 753

Patient Details:

Name: _____

Address: _____

DOB: _____ Ph: _____

Referral Doctor Details:

Name: _____

Signature: _____ Date: __/__/__

CC: _____

Tests Required:

- Spirometry – pre & post bronchodilator
- TLCO – gas transfer
- Bronchial provocation
- Lung volumes
- FeNO

Clinical Details:

Your appointment is: _____

Knox Respiratory & Sleep Services

Please turn over for test information



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PATIENT INSTRUCTIONS

Please note:

- No short-term bronchodilators for 4 hours unless required (e.g. Ventolin, Atrovent, Bricanyl, Asmol, etc.)
- No long-term bronchodilators for 12 hours before unless required (e.g. Seretide, Symbicort, Spiriva, Trelegy, ect.)
- No large meals (that will affect your capacity to take a deep breath) directly before testing
- No caffeine products (incl. chocolate) for six hours if having a **bronchial provocation test**
- No antihistamines for 48 hours prior to test
- No smoking on the day of the test

Please bring your referral to your appointment

All correspondence to:

Knox Respiratory & Sleep Services

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