



PICKERING DIAGNOSTIC IMAGING CENTRE

106-1885 Glenanna Road, Pickering, ON L1V 6R6

Tel: 905-831-2255 • Fax: 905-831-6983

Email: pickeringimaging@gmail.com • Website: www.pickeringimaging.com

PATIENT INFORMATION:

Name: _____ Gender: _____ Date of Birth: _____

Phone: _____ Health Card #: _____

REFERRING PHYSICIAN INFORMATION:

Name _____ Phone _____ Fax _____

Billing# _____

CLINICAL DIAGNOSIS:

- Asthma
- COPD
- ILD
- Chronic cough
- Other

CLINICAL INFORMATION:

Smoker Ex-smoker _____ Pack Year Life-time non-smoker

Hgb: _____ g/L on _____ Respiratory inhaler: _____

Reasons for Tests: Diagnosis Follow-up Baseline measurement

Other

TEST(S) REQUESTED:

(Note: In order to obtain reliable results, patient must be able to follow verbal instructions).

- Complete Pulmonary Function Test
- Spirometry
- Pre & Post Bronchodilator Spirometry
- MIPS / MEPS
- Home Oxygen Assessment (IEA)
- 6 Minute Walk Test On Room Air On O2 lpm

Several medications will interfere with the results of this test; therefore the MRP (Most Responsible Physicians) should advise that the following be discontinued for the period of item indicated below. Prednisone or inhaler steroids can be continued.

6 to 8 hours Prior to Test: Salbutamol (Ventolin/Combivent), Atrovent, Bricanyl (Terbutaline)

48 to 72 hours Prior to Test: Salmeterol (Serevent / Advair) Vilanterol (Breo), Formoterol (Oxeze / Symbicort / Foradil / Zenhale / Duaklir), Indacaterol (Onbrez), Tiotropium (Spiriva / Inspiroto) Aclidinium (Tudorza), Umeclidinium (Anoro / Incruse / Trelegy), Glycopyrronium (Seebri / Ultibro)

Please bring ALL medication with you on the day of your test, including over-the-counter medication. Please refrain from tea, coffee, cola drinks, chocolate and tobacco on the day of your test.