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NEWCASTLE PULMONARY FUNCTION LABORATORY
 TSANZ Accredited Laboratory



REQUEST FOR INVESTIGATION

PATIENT DETAILS:

NAME: _____ DOB: _____

ADDRESS: _____

PHONE/MOBILE: _____

TEST REQUESTED:

1. **PULMONARY FUNCTION TESTS** *(Spirometry & Diffusing Capacity – without Bronchodilator)*
2. **SPIROMETRY** *(Pre & Post Bronchodilator)* **SPIROMETRY + FeNO** * **For the hour prior to FeNO test:**
No food, drink, smoking or strenuous exercise
3. **LUNG VOLUMES** *(Total Lung Capacity, Residual Volume, Functional Residual Capacity)*
4. **BRONCHIAL PROVOCATION** *(Hypertonic Saline with Spirometry & Insp/Exp FVL)*
5. **OVERNIGHT OXIMETRY** *Nail polish must be removed (includes gel, shellac, BIAB)
6. **INSPIRATORY AND EXPIRATORY FLOW VOLUME LOOPS** *(Pre & Post Bronchodilator)*
7. **MAXIMAL RESPIRATORY PRESSURES**
8. **SKIN TESTS** *(Standard 21 Allergens)*
9. **ALTITUDE SIMULATION TEST** *(Equivalent to airline cabin pressures)*

CLINICAL INFORMATION:

REFERRING DOCTOR:

DRS NAME OR STAMP: _____ DATE: _____

_____ COPY TO: _____

SIGNED: _____

PROVIDER NUMBER: _____

LOCATION:

We are located at **26 John Street Warners Bay**. We are directly off the roundabout on the corner of John Street and Lymington Way. We have 2 disabled car parks available at the front of our premises. Otherwise, there is timed parking available on the street or in the shopping centre car parks.

