



Northern Lung Function Ltd.

To book an appointment for testing,

Please Call 780.421.8495 or Fax 780.467.1778

**NORTHERN
LUNG FUNCTION**

** Patients, Please bring the completed form to your appointment.

Appointment Information (see reverse side of page for maps to clinic locations):

Date: _____ Time: _____ Location: _____

Please mark the appropriate location:

PATIENT INFORMATION:

Name: _____ Sex: _____
Last First Middle

Address: _____

Contact Number: _____ - _____ - _____ Alternate Number: _____ - _____ - _____

Date of Birth: _____ Health Care Number: _____ - _____
Day Month Year

Patient's Note:

To confirm your appointment, please call the clinic 2 days in advance.
If this is your **first** test and you take Ventolin or Atrovent, please **do not** take 6 hours before your test.
If you take flovent, alvesco, pulmicort, arnuity or QVAR, you may take before your test.
For all other inhalers, please do not take for 36 hours before your test.
If this is your **second or subsequent** test, you may take your inhalers as prescribed.
If you are having difficulty without your inhalers, please use only what is necessary.
Remember to bring your inhalers to the appointment.
Please do not smoke within 4 hours of your appointment and
Please do not eat a large meal within 2 hours of your appointment.
We are a **FRAGRANCE FREE** facility. Please **do not wear any perfumes or colognes on the day of your appointment.**

Required Tests:

- Routine Lung Function** (Spirometry/Flow-Volume loops pre & post bronchodilator, Lung Volumes & Diffusing Capacity)
- Routine Lung Function & Oximetry** (at rest & walking)
- Spirometry/Flow-Volume Loop** (pre & post bronchodilator)
- Oximetry** (at rest & walking)
- Pulmonary Consult**

PHYSICIAN INFORMATION:

Physician: _____ Date of Referral: _____
Day Month Year

Phone Number: _____ - _____ - _____ Fax Number: _____ - _____ - _____

Address: _____

Physician comments, special instructions, relevant patient history: _____

Physician's Note: Please indicate if Beta-2 bronchodilator is **contraindicated** for your patient YES NO

Physician Signature: _____

FIRST EDMONTON PLACE
#1370, 10665 Jasper Ave.
Edmonton, AB T5J3S9

MILL WOODS
Town Centre
Professional Building
#312, 6203 - 28 Ave.
Edmonton, AB T6L6K3

LONDONDERRY
Northeast Medical Centre
7210 - 144 Ave., NW
Edmonton, AB T5C2R7

NORTHGATE MALL
#2086, 9499 - 137 Ave. NW
Edmonton, AB T5E5R8

SHERWOOD PARK
Park Place Professional Bldg.
#200, 2018 Sherwood Drive
Sherwood Park, AB T8A5V3

SOUTHSIDE
Heritage Lane
10859-23 Avenue NW
Edmonton, AB T6J 5V3

SPRUCE GROVE
102A - 505 Queen Street
Spruce Grove, AB T7X 2V2

ST. ALBERT
#201 Summit Centre
200 Boudreau Road
St. Albert, AB T8N6B9

WEST END
Glenwood Health Center
#207, 16028 - 100A Ave. NW
Edmonton, AB, T5P 0M1



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CLINIC LOCATIONS

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