Respiratory Services Requisition

www.respiratoryhealthcare.ca

Patient Name _____

Gender M____/F____ **Patient Phone** _____

Date of Birth _____

Personal Health Number _____

Address _____

OR PATIENT LABEL

Referring Physician _____

Physician Fax _____

Physician Signature _____

Comments / Diagnosis _____

Pulmonary Consultation

EDMONTON RESPIRATORY CONSULTANTS

1. Fax completed form to appropriate fax number below

☐ Dr. Warren Ramesh	Fax: 780-702-3885
☐ Dr. Humaira Iqbal	Fax: 780-702-3882
☐ Dr. Nabil Abduljalil	Fax: 780-702-3885
☐ Dr. Ruojin Bu	Fax: 780-665-3566
☐ Priority	

Clinical Immunology & Allergy, Allergy Testing

☐ Dr. David Huang Fax: 780-490-7722

Education

☐ Asthma ☐ COPD

Location First Edmonton Place Building
1370 - 10665 Jasper Ave. T5J 3S9
Tel: 780-702-3866

Sleep Services

EDMONTON SLEEP INSTITUTE

1. Fax completed form to the appropriate location

☐ **Obstructive Sleep Apnea Assessment & Treatment**

Home Sleep Study (Level III) interpreted by a Board Certified Specialist/Pulmonologist

Pulmonary Consult for an in-lab sleep study (Level 1) if indicated

CPAP Titration as recommended

ABGs if required

Pulmonary Function Testing if required

Prescription Request for recommended CPAP pressures

☐ **Northgate Mall** **Fax: 780-478-0035 Tel: 780-478-0064**
2086 - 97 St & 137 Avenue T5E 5R8

☐ **Southside** **Fax: 587-520-2277 Tel: 587-520-2299**
4636 Calgary Trail T6H 6A1

Northern Lung Function

Pulmonary Function Test 2026

TO BOOK AN APPOINTMENT FOR TESTING
PLEASE CALL 780 - 421 - 8495 OR FAX 780 - 467 - 1778

Appointment

Date _____ Time

Test Required

☐ **Pulmonary Function**
Spirometry / Flow-Volume Loops (pre and post bronchodilator)
Lung Volumes (Body Plethysmography)
Diffusing Capacity:

☐ **Oximetry**
At Rest and Walking

☐ **Spirometry / Flow-Volume Loops**
Pre and post bronchodilator

☐ FIRST EDMONTON PLACE (DOWNTOWN)	#1370, 10665 Jasper Avenue, Edmonton, AB T5J 3S9
☐ LONDONDERRY (NORTH EAST)	16719 - 71 Street, NW Edmonton, AB T5Z 0Y4
☐ MILLWOODS	Town Centre Professional Building #312, 6203 - 28 Avenue, Edmonton, AB T6L 6K3
☐ NORTHGATE MALL	#2086, 9499 - 137 Avenue, NW Edmonton, AB T5E 5R8
☐ SHERWOOD PARK	Park Place Professional Building #200, 2018 Sherwood Drive, Sherwood Park, AB T8A 5V3
☐ SOUTHSIDE	Huntington Galleria 4636 Calgary Trail Edmonton AB T6H 6A1
☐ SPRUCE GROVE	102A - 505 Queen Street Spruce Grove AB T7X 2V2
☐ ST. ALBERT	#201 Summit Centre 200 Boudreau Road, St. Albert, AB T8N 6B9
☐ WEST END	Glenwood Health Centre #207, 16028 - 100A Avenue, NW Edmonton, AB T5P 0M1
☐ WINDERMERE PLAZA	204-5540 Windermere Blvd, NW Edmonton, AB T6W 2Z8

☐ Please check box if Beta 2 bronchodilator is contraindicated in this patient

Patients

- Please call two working days prior to the test to confirm your appointment
- If your take VENTOLIN or ATROVENT do not take 6 HOURS before your test.
- If you take FLOVENT, ALVESCO, ARNUITY or QVAR, you may take it before your test.
- For all other inhalers, please do not take for 36 HOURS before your test.
- Please do not smoke within 1 HOUR of your appointment.
- Please do not eat large meal within 2 HOURS of your appointment.
- We are Fragrance Free facility. Please don't wear any perfume or colognes on the day of your appointment.

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