



OAK RIDGES MEDICAL DIAGNOSTIC IMAGING

Pulmonary Function Testing

13291 Yonge Street, Suite 301
Richmond Hill, ON, L4E 4L6
Ph 905-773-6861 Fax 905-773-2161

Patient Name:

DOB:

OHIP / VC:

Phone:

Appointment Date / Time:

Tests required (Please Check All That Apply)

- Spirometry
- Flow Volume Loop
- Airways Resistance
- Lung Volumes
- Diffusing Capacity
- Maximum Inspiratory and Expiratory Pressures (MIP/MEP)
- Pre and Post Spirometry
- Pre and Post Flow Volume Loop
- Exercise Oximetry for dyspnea assessment
- for home oxygen assessment
- Methacholine Test

All of the above

Third party billing

Please indicate below if a third party has requested testing.

- WSIB
- Employer
- Insurance
- Patient

Billing Information: _____

(Please include contact info – name, billing address, phone and fax.)

Clinical Information:

Recent Hb _____ Date of Hb _____

Print Physician Name

Physician Signature MD

Phone: _____

Fax: _____

Additional copies to: _____