

Cardio - Respiratory Requisition Form

**Note: Incomplete or illegible forms will be sent back requesting amendment*

Cardio-Diagnostics:

- 12-Lead ECG
- Ambulatory Blood Pressure Monitoring (*Uninsured, Patient Fee of \$75*)
- Holter Monitor (circle) 24 hr 48 hr 7 days 14 days

Bronchial Provocation Testing:

- Methacholine Challenge
- Exercise Challenge

Pulmonary Function:

- Spirometry Only
- Post Bronchodilator
- Full PFT (Pre & Post Spirometry, Lung vol, CO Diffusion)
- Max Static Pressures (MIPS & MEPS)
- Arterial Blood Gases (Room Air w/Oxygen ____ l/m)
- Oximetry (at rest w/exercise w/Oxygen ____ l/m)
- Home Oxygen Assessment (includes ABG's and/or oximetry)
**Please append order if Home O2 may be anticipated post ass't*

Note: Challenge studies require previously documented pre and post spirometry. LABAs to be held for 7 days prior to test. Methacholine and exercise studies cannot be done on the same day. Pts must be cleared from Cardiac standpoint.

Referral Information:

| | |
|---------------------|--|
| Date Sent | |
| Referring Physician | Physician Name (print): _____ Physician Signature: _____ Physician CPSO #: _____ |
| Office Telephone # | |
| Office Fax # | |

Patient Information:

| | | |
|--|-----------------------------|-----------------------------|
| Patient Name | | |
| Patient DOB | | |
| Primary Phone # | | Alt Phone #: |
| Permission to leave voicemail message | Y: <input type="checkbox"/> | N: <input type="checkbox"/> |
| Health Card # & Version Code | | |
| OSMH MRN (if applicable) | | |
| Pertinent History/Indications <i>or append copy of pt profile</i> | | |
| Medications | | |
| Known Allergies | | |

Cardio-Resp Patient Preparation Instructions:

Instructions for Patients Having Cardio-Diagnostic Testing:

- These tests are intended to assist the physician in determining and/or treating persons with heart disease.
- Please wear loose fitting clothing, two-piece with front opening tops are recommended. Women's nylons must be removed before certain types of testing.

Instructions for Patients Having Pulmonary Function Testing:

- These tests are used to determine the ability of your lungs to move air and to exchange gases.
- DO NOT TAKE – 6 hours before the test (8 hours before a Methacholine test) Bricanyl or Salbutamol (ventolin, aposalvent, airomir)
- DO NOT TAKE – 12 hours before the test (24 hours before a Methacholine test) Atrovent (Ipratropium), Combivent, Serevent, Oxeze, Advair, Symbicort, Zenhale
- DO NOT TAKE – 24 hours before the test (48 hours before a Methacholine test) Singulair, Accolate, Uniphyll, TheoDue, Theophylline, Antihistamine medications, Onbrez, Breo.
- DO NOT TAKE – 24 hours before the test (7 days before a Methacholine test) Spiriva, Inspiroto, Tudorza, Duaklir, Seebri, Ultibro, Incruse, Anoro.
- Take all other medications in the prescribed manner unless you are told not to by your doctor who ordered the test.

Bronchial Provocation Tests

- These tests are used to determine the sensitivity of your airways. You will be asked to inhale gradually increasing strengths of Methacholine mist or to exercise to a maximal level without a warm-up period. Between each inhalation or at specific time intervals after exercise, breathing tests will be done.
- Please do not take Medications as indicated above. If you have a chest cold with cough please call and rebook the test. If you are taking Spiriva contact your doctor for instruction.

Important Notes:

- If shortness of breath bothers you when you stop taking your medications, begin taking them again in the prescribed manner.

Cancellations or Rescheduling:

- **OSMH Central Scheduling requires 24 hours minimum notice of a request to reschedule or cancel an appt.**
- If there are any questions about your appointment, please contact the Cardio Respiratory Scheduling at OSMH by Phone: 705.325.2201 ext. 3151