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RESPMD.COM

Daniel John Miller, MD, FRCPC
Thomas Lim, MD, FRCPC
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Lawrence Gutman, MD, FRCPC

REQUISITION FORM

PATIENT INFO

(Please use address label with valid phone number)

Patient Name: _____

Address: _____

City: _____

Prov: _____ Postal Code: _____

Date of Birth: _____ Male: Female:

Provincial Health #: _____

Contact Phone #: _____

Date: _____

OFFICE

Calgary Southport SW

Red Deer

Referring MD/NP: _____

Family MD/NP: _____

Prac ID: _____

MD/NP Signature _____

TESTING REQUESTED

- Full Pulmonary Function Testing (includes Pre- and Post-Bronchodilator Spirometry, Diffusion, Lung Volumes)
- Spirometry Protocol
- Arterial Blood Gas
- Other _____

RESPIROLOGIST CONSULTATION REQUEST

Next Available Physician

OR

Daniel John Miller, MD, FRCPC

Karen Heathcote, MD, FRCPC

Thomas Lim, MD, FRCPC

Lawrence Gutman, MD, FRCPC

Michael Braganza, MD, FRCPC

REASON FOR CONSULTATION

(Mandatory unless a separate letter included with referral)