



CALGARY SOUTHPORT SW
850, 10655 Southport Rd
SW Calgary, AB T2W 4Y1

RED DEER
1210, 2827 30th Avenue Red Deer,
AB T4R 2P7

COCHRANE
612 1st Street W, Cochrane,
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RESPMD.COM

Daniel John Miller, MD, FRCPC
Thomas Lim, MD, FRCPC
Michael Braganza, MD, FRCPC
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 Cochrane

Referring MD/NP: _____

Referring Ph: _____

Referring Fx: _____

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 (includes Pre- and Post-Bronchodilator Spirometry; MAY include Diffusion Capacity and Lung Volumes)
- Arterial Blood Gas
- Other _____

INDICATION FOR PULMONARY FUNCTION TEST

RESPIROLOGIST CONSULTATION REQUEST

- Next Available Physician
- Daniel John Miller, MD, FRCPC
- Thomas Lim, MD, FRCPC
- Michael Braganza, MD, FRCPC
- Lawrence Gutman, MD, FRCPC

REASON FOR CONSULTATION

(Mandatory unless a separate letter included with referral)