



Northern Lung Function Ltd.

To book an appointment for testing,

Please Call 780.421.8495 or Fax 780.467.1778

**NORTHERN
LUNG FUNCTION**

2024

** Patients, Please bring the completed form to your appointment.

Please mark the appropriate location:

- FIRST EDMONTON PLACE**
#1370, 10665 Jasper Ave.
Edmonton, AB T5J3S9
- MILL WOODS**
Town Centre
Professional Building
#312, 6203 - 28 Ave.
Edmonton, AB T6L6K3
- LONDONDERRY**
Northeast Medical Centre
7210 - 144 Ave., NW
Edmonton, AB T5C2R7
- NORTHGATE MALL**
#2086, 9499 - 137 Ave. NW
Edmonton, AB T5E5R8
- SHERWOOD PARK**
Park Place Professional Bldg.
#200, 2018 Sherwood Drive
Sherwood Park, AB T8A5V3
- SOUTHSIDE**
Heritage Lane
10859-23 Avenue NW
Edmonton, AB T6J 5V3
- SPRUCE GROVE**
102A - 505 Queen Street
Spruce Grove, AB T7X 2V2
- ST. ALBERT**
#201 Summit Centre
200 Boudreau Road
St. Albert, AB T8N6B9
- WEST END**
Glenwood Health Center
#207, 16028 - 100A Ave. NW
Edmonton, AB, T5P 0M1
- WINDERMERE PLAZA**
204-5540 Windermere Blvd NW
Edmonton, AB, T6W 2Z8

Appointment Information (see reverse side of page for maps to clinic locations):
 Date: _____ Time: _____ Location: _____

PATIENT INFORMATION:

Name: _____ Sex: _____
Last First Middle

Address: _____

Contact Number: _____ - _____ - _____ Alternate Number: _____ - _____ - _____

Date of Birth: _____ Health Care Number: _____
Day Month Year

Patient's Note:

To confirm your appointment, please call the clinic 2 days in advance.
 If this is your **first** test and you take Ventolin or Atrovent, please **do not** take 6 hours before your test.
 If you take flovent, alvesco, pulmicort, arnuity or QVAR, you may take before your test.
 For all other inhalers, please do not take for **36** hours before your test.
 If this is your **second or subsequent** test, you may take your inhalers as prescribed.
 If you are having difficulty without your inhalers, please use only what is necessary.
 Remember to bring your inhalers to the appointment.
Please do not smoke within 4 hours of your appointment and
Please do not eat a large meal within 2 hours of your appointment.
 We are a **FRAGRANCE FREE** facility. Please **do not wear any perfumes or colognes on the day of your appointment.**

Required Tests:

- Routine Lung Function** (Spirometry/Flow-Volume loops pre & post bronchodilator, Lung Volumes & Diffusing Capacity)
- Routine Lung Function & Oximetry** (at rest & walking)
- Spirometry/Flow-Volume Loop** (pre & post bronchodilator)
- Oximetry** (at rest & walking)
- Pulmonary Consult**

PHYSICIAN INFORMATION:

Physician: _____ Date of Referral: _____
Day Month Year

Phone Number: _____ - _____ - _____ Fax Number: _____ - _____ - _____

Address: _____

Physician comments, special instructions, relevant patient history: _____

Physician's Note: Please indicate if Beta-2 bronchodilator is **contraindicated** for your patient YES NO

Physician Signature: _____