



# PULMONARY FUNCTION LABORATORY

Telephone 01 - 206 4317

Blackrock Clinic

NAME:

ADDRESS:

DATE OF BIRTH:

DOCTOR:

**TEST REQUIRED (PLEASE TICK)**

* <u>CARDIOPULMONARY STRESS</u>	<input type="checkbox"/>
* <u>PULMONARY FUNCTION</u>	<input type="checkbox"/>
* <u>EXERCISE CHALLENGE</u>	<input type="checkbox"/>
* <u>HISTAMINE</u>	<input type="checkbox"/>
* <u>FULL PULMONARY FUNCTION TEST</u>	<input type="checkbox"/>
<u>LUNG VOLUMES AND DIFFUSION</u>	<input type="checkbox"/>

VHI:                      YES                      NO

VHI NUMBER

BRC:

CLINICAL NOTES:

SYMPTOMS:

COMMENTS:

CODE:

SIGNATURE: