

Peninsula Private

Suite 9B 525 McClelland Drive

Frankston Vic 3199

Phone: (03) 9570 5323

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Email: srrs@srrs.com.au
**Southern Region
Respiratory Service**

(Incorporating Peninsula Spirometry)

Web: www.srrs.com.au
APPOINTMENT DATE: _____ **TIME:** _____

Please bring your Medicare or Veterans' Affairs Card

PATIENT DETAILS

Name: _____

Address: _____

D.O.B: _____ Sex: _____

Phone: _____

REQUESTING DOCTOR

Name: _____

Address: _____

Signature: _____

Date: _____

Fax Results: Mail Results: Ring Results: Email Results: **TESTS REQUIRED**

- Spirometry—Pre & Post Bronchodilator
No Ventolin / Bricanyl / Atrovent for 4 hours prior to test. No Seretide / Spiriva / Symbicort for 12 hours prior to test.
- Diffusing Capacity (DLCO)
No smoking for 4 hours prior to test.

CLINICAL DETAILS

Does the patient have (or is suspected of having) TB, HIV, Hepatitis, Cystic Fibrosis or Pseudomonas infection?

YES NO (Tests will **NOT** be performed if not completed)

DR. Peter McLaughlin F.R.A.C.P.

A / Prof. Peter Holmes F.R.A.C.P., F.C.C.P.