

Bayside Health Peninsula

LUNG FUNCTION REQUEST

Peninsula University Hospital - Dept Thoracic
Medicine, Hastings Rd Frankston
Rosebud Hospital – Point Nepean Rd, Rosebud
Please Fax the referral to (03) 9125 9846
For appointment enquiries please call (03) 9788 1753

UR NUMBER

SURNAME

GIVEN NAMES

DATE OF BIRTH

Please fill in if no Patient Label available

App.14/5/26 Print Code:10814

Reason for Referral / Clinical Notes:

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Patient Details

Name:

DOB: Age: Sex:

Mobile Number:

Home Phone Number:

Email:

Address:

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Medicare No: (......)

NOK Name:

NOK Phone Number:

Requesting Doctors Details

Name:

Clinic Name:

Contact Number:

Address:

.....

Provider No.

Copies to:

Signature

.....

Date:/...../.....

Tests Required:

1. ☐ Spirometry
2. ☐ Diffusing Capacity
3. ☐ Bronchial Provocation - Mannitol Challenge (*Baseline Spirometry required prior*)
4. ☐ Other

Other comments:

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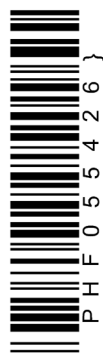
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