



LUNG FUNCTION REQUEST (A)

Frankston Hospital - Dept Thoracic Medicine,
Hastings Rd Frankston

Rosebud Hospital – Point Nepean Rd, Rosebud

Please Fax the referral to (03) 9788 1879

For appointment enquiries please call (03) 9788 1753

UR NUMBER

SURNAME

GIVEN NAMES

DATE OF BIRTH PH

ADDRESS

Please fill in if no Patient Label available App.4/4/2023 Print Code:10814



P H F 0 5 5 4 2 6 }

Appointment:

Day

Date/...../.....

Time

Medicare No:

..... (.....)

Reason for Referral:

Tests Required:

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

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

Time

4. Other

Requesting doctors details

Name:

Address:

Provider No.

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

Copies to:

Signature:

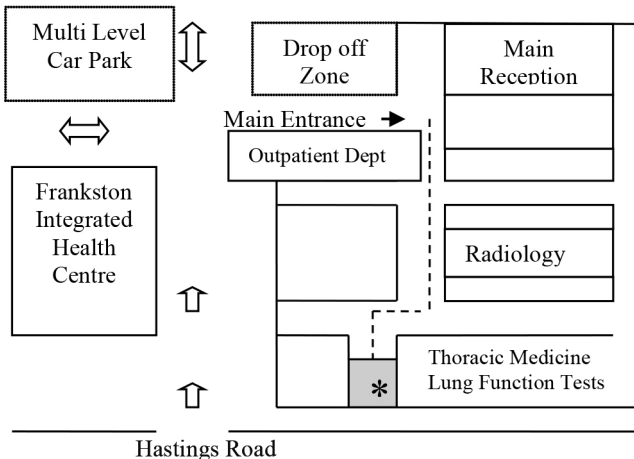
For your appointment please bring along your Medicare / DVA gold card and referral form.

TEST PREPARATION INSTRUCTIONS - PLEASE REFER TO THE ATTACHED INSTRUCTIONS INCLUDED AT THE END OF YOUR APPOINTMENT LETTER.

Frankston Hospital

Enter through Main Entrance

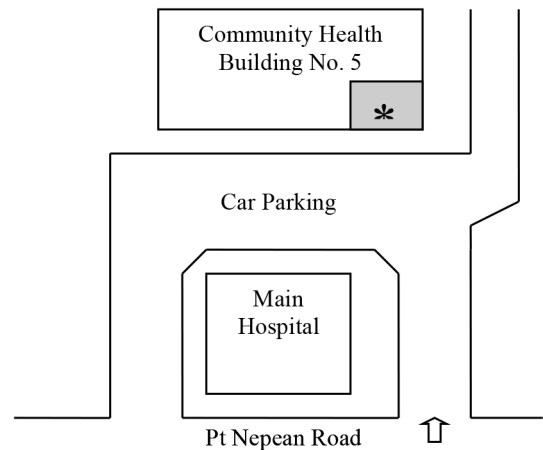
☀ **Department of Thoracic Medicine (Lung Function Laboratory)**



Rosebud Hospital

Community Health Building

☀ **Lung Function Laboratory (report to Community Health Reception)**



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MR/055426