

# Patient Referral Form

Date (DD/MM/YYYY): \_\_\_\_\_

## Patient Information:

Name: \_\_\_\_\_

DOB (MM/DD/YY): \_\_\_\_\_

Sex:

Male  Female Identifies As: \_\_\_\_\_

PHN: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

## Reason for Testing:

- Asthma  Cough  
 COPD  ILD  
 SOB  Other

## Test Requested:

- Complete Pulmonary Function Test  
 Spirometry  
 Spirometry/DLCO  
 Post-bronchodilator testing not required/indicated  
 CRE (Certified Respiratory Education)

## Medical Information:

## Physician Information:

Name: \_\_\_\_\_

Practice ID: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Fax Number: \_\_\_\_\_

City: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Physician Signature: \_\_\_\_\_

### TO BOOK AN APPOINTMENT

**Please use online booking portal at [www.tlclungdiagnostics.com](http://www.tlclungdiagnostics.com) or call 403.472.9372**

Please refer to our website or the booking confirmation email that you received for more details.

[Please see reverse for information on how to prepare for your test and a map to our location.](#)

## How to Prepare for your Appointment

To prepare for pulmonary function testing, you should avoid any activities that may disturb your lung function in the hours prior to your visit.

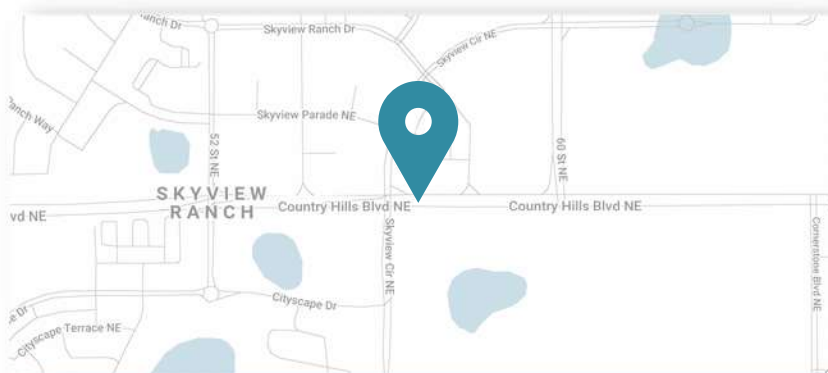
This includes activities such as smoking, vaping, drinking alcohol or eating, all of which may worsen lung function prior to testing. You will also be instructed to stop using inhaler medications or bronchodilators for a period of time before your visit. Please refer to our website or the booking confirmation email you received for more details.

Please bring your Alberta Health Care Card to your appointment.

## Find us

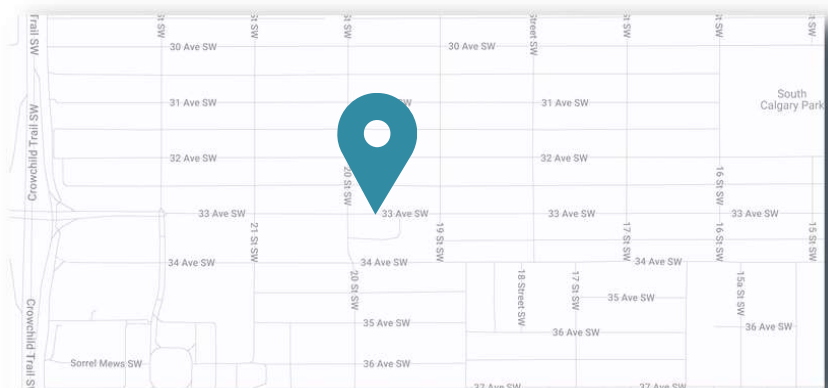
### SKY POINTE LANDING PLAZA

#1410  
6004 Country Hills Blvd NE  
Calgary, AB T3N 1T8



### THE ODEON

#206  
3332 -20TH ST SW,  
CALGARY, AB T2T 1Z4



Referral forms can be downloaded and submitted to [referrals@tlclungdiagnostics.com](mailto:referrals@tlclungdiagnostics.com) or faxed to 403-520-3515.

Patients, please bring the completed referral form to your appointment unless your doctor has submitted your referral on your behalf.