



Singapore General Hospital Pulmonary Function Laboratory

ROOM K-27 (A-Clinic); BLOCK 3, BASEMENT LEVEL 1
Tel. 6321-3559; Fax. 6326-5359

REQUEST FOR PULMONARY FUNCTION
CALL 6321-3559 FOR APPOINTMENT
SEND ORIGINAL WITH PATIENT

Patient Particulars	Requesting Clinic Particulars
Name of Patient:	Physician Name:
Patient NRIC No.:	Physician MCR No.:
Patient Address:	Clinic Address:
Patient Tel. No.:	Clinic Tel. No.:
Patient Tel. No. (other):	Clinic Fax. No.:

Clinical Diagnosis: _____

TEST REQUESTED (Please Tick)	
<input type="checkbox"/> Spirometry only	<input type="checkbox"/> Diffusion Study
<input type="checkbox"/> Spirometry before and after bronchodilator	<input type="checkbox"/> Oxygen Titration at rest only
<input type="checkbox"/> Methacholine Challenge Test (for asthma)	<input type="checkbox"/> Exercise Test for Asthma
<input type="checkbox"/> Skin Prick Test	<input type="checkbox"/> Lung Volume Study

Instruct patient to avoid salbutamol, salmeterol, formoterol, theophylline 8-12 hours before test

I would like the test results to be sent to me by fax mail.

Date: _____

Physician Signature: _____