

# Pulmonary Function Laboratory

Telephone : 01 206 4317

NAME :

ADDRESS :

DATE OF BIRTH :

DOCTOR :

VHI:            YES            NO

VHI NUMBER :

BRC :

**TEST REQUIRED (PLEASE TICK)**

- CARDIOPULMONARY STRESS
- PULMONARY FUNCTION
- EXERCISE CHALLENGE
- HISTAMINE
- FULL PULMONARY FUNCTION TEST
- LUNG VOLUME AND DIFFUSION


CLINICAL NOTES :

SYMPTOMS :

COMMENTS :

CODE :

SIGNATURE :