



Epworth Lung Function

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PATIENT			DOCTOR		
TITLE	SURNAME	GIVEN NAMES	TITLE	INITIALS	SURNAME
DOB			ADDRESS		
ADDRESS			Urgent Report: Phone:		
			Fax:		
			Email:		
DATE OF TEST APPOINTMENT:			TESTS REQUESTED:		
TIME:			<input type="checkbox"/> 1. SPIROMETRY, FLOW VOLUME LOOPS PRE AND POST BRONCHODILATOR		
<ul style="list-style-type: none">PLEASE GIVE 3 WORKING DAYS NOTICE IF CANCELLATION OF APPOINTMENT IS UNAVOIDABLESEE BACK OF SHEET FOR DIRECTIONS AND INSTRUCTIONS			<input type="checkbox"/> 2. GAS DIFFUSION (CO UPTAKE)		
CLINICAL DETAILS:			<input type="checkbox"/> 3. BRONCHIAL PROVOCATION TESTS * Please turn over for special instructions		
HAEMOGLOBIN:			<input type="checkbox"/> 4. AMBULATORY OXYGEN ASSESSMENT		
DOCTOR'S SIGNATURE:					
DATE:			MELBOURNE LUNG AND SLEEP SPECIALISTS ACN 604 161 775		

INSTRUCTIONS FOR BRONCHOPROVOCATION TESTING (BPT)

The following medications should be withheld for the specified hours before a BPT, unless otherwise directed by your doctor.

MEDICATION	WITHHOLD HOURS
Ventolin, Asmol, Airomir, Bricanyl	8
Qvar, Pulmicort, Flixotide, Alvesco, Arnuity, Atrovent	12
Seretide, Symbicort, Breo, Fostair, Duoresp, Oxis, Serevent, Onbrez, Ateectura	24
Trelegy, Trimbrow, Breztri, Onbrez, Anoro, Incruse, Spiriva Spiolto, Bretaris, Seebri, Brimica, Enerzair, Braitus	72
Antihistamines	72
Nuelin/Theophylline	72
Singulair/Montelukast	24

If you are taking asthma medication that isn't listed above, please check with your referring doctor if it needs to be withheld prior to BPT

LOCATION OF CONSULTING ROOMS AND LABORATORY

- From **Bridge Road** Enter the Epworth building and turn left towards the coffee shop. Take the lifts up to the 8th floor.
- From **Erin Street** Enter the main Epworth building and go to the Main Reception. Take the lifts to the 8th floor.
- From **Epworth Car Park** Take lifts 3, 3A or 4 to level 8 or go to Main Reception and take the lifts to level 8.