

WESLEY MEDICAL CENTRE  
Level 2, Suite 26, 40 Chasely St  
AUCHENFLOWER Q 4066  
Tel: (07) 3607 5190 Fax: (07) 3607 5196

ST ANDREW'S WAR MEMORIAL  
HOSPITAL  
North St Medical Centre, 457 Wickham Tce  
SPRING HILL Q 4000  
Tel: (07) 3054 1228 Fax: (07) 3054 1229

IPSWICH  
Level 1, Suite 3, 18 Limestone St  
IPSWICH Q 4305  
Tel: (07) 3050 7102 Fax: (07) 3050 7103

GREATER SPRINGFIELD  
SPECIALIST SUITES  
Level 5, Suite 503, Cnr Health Care Dr &  
Wellness Way  
SPRINGFIELD CENTRAL Q 4300  
Tel: (07) 3180 8290 Fax: (07) 3180 8291

ST VINCENT'S HOSPITAL  
Entrance 3, Level 2, Scott St  
TOOWOOMBA Q 4350  
Tel: (07) 4646 4250 Fax: (07) 4646 4253

ST ANDREW'S HOSPITAL  
Building 4, Level 1, Suite 31  
280 North St  
ROCKVILLE Q 4350  
Tel: (07) 4592 8086 Fax: (07) 4592 8087

PINDARA PRIVATE HOSPITAL  
Level 1, 39 Allchurch Ave  
BENOWA Q 4217  
Tel: (07) 5610 5812 Fax: (07) 5610 5813

GOLD COAST PRIVATE HOSPITAL  
Level G, Suite 11, 14 Hill St  
SOUTHPORT Q 4215  
Tel: (07) 5615 0005 Fax: (07) 5615 0006

ICON CANCER CENTRE  
9 McLennan Court  
NORTH LAKES Q 4509  
Tel: (07) 3607 5190 Fax: (07) 3607 5196

PULSE OCEANSIDE MEDICAL  
Level 3, Suite 402  
11 Eccles Boulevard  
BIRTINYA Q 4575  
Tel: (07) 5353 5166 Fax: (07) 5353 5167

ST STEPHENS HOSPITAL  
1-11 Medical Place  
HERVEY BAY Q 4655  
Tel: (07) 4313 1160 Fax: (07) 4313 1161

MATER MEDICAL SUITES  
Suite 3, 313 Bourbong St  
BUNDABERG Q 4670  
Tel: (07) 4304 8001 Fax: (07) 4304 8002

MACKAY PRIVATE HOSPITAL  
57 Norris Road  
MACKAY Q 4740  
Tel: (07) 4805 6441 Fax: (07) 4805 6440

MATER PRIVATE HOSPITAL  
Suite 1, Level 1, 31 Ward St  
ROCKHAMPTON Q 4700  
Tel: (07) 4807 6512 Fax: (07) 4807 6513

**Test Bookings Tel: (07) 3607 5194**

**E: [reception@qldrespiratory.com.au](mailto:reception@qldrespiratory.com.au) [www.qldrespiratory.com.au](http://www.qldrespiratory.com.au)**

## Patient Details:

Surname: ..... First Name: .....

DOB: ...../...../.....

Address: .....

Home Ph: ..... Work: ..... Mobile: .....

Clinical History/Details: .....

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## Investigation Required:

- Full Lung Function (flow volume loops, lung volumes, gas transfer)
  - With bronchodilator testing
  - No bronchodilator testing
- Flow Volume Loops - before & after bronchodilator
- Cardiopulmonary Exercise Test (Wesley)
- Bronchial Provocation:
  - Mannitol
  - Hypertonic Saline
  - Histamine
- Allergen Skin Prick Test (Wesley, Bundaberg, Hervey Bay & Springfield)
- Hypoxic Altitude Simulation Test (Wesley, Bundaberg & Hervey Bay)
- Respiratory Muscle Strength (MIPS/MEPS & Postural Spirometry)
- Postural Spirometry (seated & supine)
- 6 Minute Walk Test (single trial without O<sub>2</sub>)
- 6 Minute Walk Test (dual trial without and with O<sub>2</sub> for MASS evaluation)
- Overnight Oximetry
- FeNO - Fractional Exhaled Nitric Oxide

## Referring Doctor Details:

Doctors Name: .....

Address: .....

.....

Signature: ..... Provider No: .....

Date of Referral: ...../...../.....

Email/Fax Report: .....

Copy of Report to: .....

## Test Preparation



### All Tests

| Inhaler withholding times |                           |
|---------------------------|---------------------------|
| <b>8 Hours</b>            | Ventolin, Asmol, Bricanyl |

Ingestion of food containing caffeine should be withheld on the day of the test, as it can decrease bronchial hyper-responsiveness. Smoking and vigorous exercise should not be undertaken on the day of the test.

### Bronchial Provocation

| Inhaler withholding times       |  |
|---------------------------------|--|
| <b>4 Hours</b>                  | Intal, Tilade  |
| <b>6 Hours</b>                  | Pulmicort, Flixotide, Fluticasone, Flutiform, QVAR                                     |
| <b>8 Hours</b>                  | Ventolin, Asmol, Bricanyl  |
| <b>12 Hours</b>                 | Atrovent, Zyflo  |
| <b>24 Hours</b>                 | Alvesco, Arnuity Ellipta, Theo-Dur, Nuelin   |
| <b>36 Hours</b>                 | Serevent, Oxis, Symbicort, Brimica, Foradile   |
| <b>2 Days</b>                   | Onbrez, Breo, Anoro, Spiolto   |
| <b>3 Days</b>                   | Spiriva, Zonda, Bretaris, Seebri, Incruse  |
| <b>4 Days</b>                   | Singular   |
| Antihistamine withholding times |  |
| <b>3 Days</b>                   | Avil, Benadryl, Claratyne, Claramax, Periactin, Phenergan, Polaramine, Telfast, Zyrtec |

### Cardiopulmonary Exercise Test

Day of test - avoid heavy meals, smoking and alcohol consumption.

Wear comfortable shoes and clothing for riding a bike.

On the day of the test report to Reception, Level 2, Suite 26 of the Wesley Medical Centre at the appointed time. A doctor will be present for the testing.

### Allergen Skin Prick Test

72 hours before test - do not take antihistamines

Note: Mood stabilisers (e.g., Endep, Avanza) can cause a false negative test.

Please inform staff when making your booking if you are taking prednisolone.

### Respiratory and Sleep Specialists

To book appointments with a Respiratory Physician please call one of the following numbers.

Locations can be found at our website [www.qldrespiratory.com.au](http://www.qldrespiratory.com.au)

|                       |                |                     |                |
|-----------------------|----------------|---------------------|----------------|
| Dr Farzad Bashirzadeh | (07) 3871 0033 | Dr Justin Hundloe   | (07) 3870 4133 |
| Dr Ian Brown          | (07) 3832 7776 | Dr Charl Liebenberg | (07) 4153 9414 |
| Dr David Deller       | (07) 5539 4676 | Dr Lee Rafter       | (07) 4688 5480 |
| Dr Iain Feather       | (07) 5597 1622 | Dr Alex Ritchie     | (07) 3832 7776 |
| Dr Maurice Heiner     | (07) 3870 4511 | Dr Chris Zappala    | (07) 3371 0500 |