C-O2 (a division of C-health)
Suite 210, 1016 - 68 Avenue SW
Calgary, AB T2V 4J2
PH: (403) 541-0033
FAX: (403) 541-0032
www.c-health.ca

C·health
Global best practices - Applied locally.

C-O2 - SHORTER WAIT TIMES FOR YOUR PATIENTS, PEACE OF MIND FOR YOU

Date of Referral: _____

PATIENT INFORMATION (or attach patient label)

Patient Name: _____

ULI#: _____

Phone: _____

Address: _____

City, Prov.: _____ Postal Code: _____

Date of Birth: _____ Gender: ☐ Male ☐ Female
DAY / MONTH / YEAR

Referring Physician: _____

Ph: _____ Fax: _____

To Book an appointment

Call: (403) 541-0033

Fax: (403) 541-0032

Appointment Date: _____

Appointment Time: _____

Additional Report to: _____

Fax: _____

Relevant History:

Physician Signature: _____

Reason for referral: _____

Pulmonary Function Services

☐ **Full Pulmonary Function** (Spirometry with pre and post Bronchodilator, Diffusion and Lung Volumes)

☐ **Spirometry only** (pre and post Bronchodilator)

☐ **Spirometry and Diffusion**

Smoking Cessation will be included for all appointments if indicated.

To get an accurate pre-bronchodilator test result, we ask patients to refrain from using their inhaled bronchodilators prior to testing. If the patient has taken these medications prior to testing the Respiratory Therapist will note this on the report for the interpreting Respirologist.

Updated April 2016