OPA Date:

OPA Time:

OPA Duration:

## SDH Pulmonary Function Test (PFT)

## Request Form for PRIVATE PATIENTS only

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  | | --- | --- | | **Insurance Details** | | | 🗹 Self-Funding | (Defaulted) | | □ Insurance Cover |  | | * Company Name |  | | * Membership N⁰ |  | | * Authorisation code |  |   **Patient Details:** | | | |
| Hospital Number |  | DOB |  |
| First Name |  | Surname |  |
| Patient Tel Number |  | Patient e-mail |  |
| **Patient Consultant** |  | **Department** |  |

|  |  |
| --- | --- |
| **Clinical Information:** | |
| Diagnosis |  |
| Contraindications | □ Yes (please provide details on page 2) □ no |
| Clinical Status | □ 2WW (<2 weeks) □ Soon (4-6 weeks)  □ Urgent (2-4 weeks) □ Routine (6-8 weeks)  □ Other, please specify: |
| To be arranged as | 🗹 OPA (defaulted) □ Inpatient (ward): |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Respiratory Physiology Investigations** | **£ Cost** | **Office** |
|  |  |  | |
| 🗹 | Oximetry | 0.00 |  |
|  | Dynamic Lung Volumes (Spirometry) | 59.00 |  |
|  | Gas Transfer Factor (Diffusion) | 67.00 |  |
|  | Fraction Exhaled Nitric Oxide (FeNO) | 67.00 |  |
|  | Reversibility testing to Salbutamol (SABA) | 117.00 |  |
|  | Static Lung Volumes (Body Box by default) | 119.00 |  |
|  | Muscle Function Testing (MIP/MEP, SNIP, Postural) | 80.00 |  |
|  | Bronchial Challenge Test (via Mannitol Provocation) | 273.00 |  |
|  | **Fixed Fees** |  |  |
|  |  | | |
|  | Physiology Fee (per hour) | 63.00 |  |
|  | Room Fee | 79.00 |  |
|  | Cancellation notice charge (<24hrs notice) | 142.00 |  |
|  | **Total Cost:** | £ | |

**Respiratory Function Request**

|  |
| --- |
| **Contraindications** (Please tick any that apply) |
| **Absolute:**  □ Unstable cardiovascular status e.g. recent MI (<6 weeks)  □ Aortic aneurysms (>6cm). Cerebral aneurysm  □ Acute pulmonary embolism (<6 weeks)  □ Unresolved pneumothorax  □ Cerebral haemorrhage  □ Active infections including Corona Virus & TB.  **Relative:**  □ Recent thoracic, abdominal or eye surgery (<6 weeks)  □ Resolved pneumothorax (< 6 weeks)  □ Haemoptysis of unknown cause  □ Severe cognitive impairment  □ Acute disorders affecting test performance e.g. D&V, Delirium etc.  □ Difficulty performing spirometry of acceptable quality.  **Please ensure your patient is able to follow instructions.** |
| **Provide any additional details here:**  Results to be sent to: |
| Requesting Doctor (sign): Date: |
| Requesting Doctor (print): Bleep: |
| **\*** Please complete **in full**, including signature & date **\***  **PFT Lab, Respiratory Department, SDH**  EXT: 2340. |