OPA Date:

OPA Time:

OPA Duration:

## SDH Pulmonary Function Test (PFT)

## Request Form for PRIVATE PATIENTS only

|  |  |  |  |  |  |  |  |  |  |  |  |
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| **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** |  |

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| **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** |  |  |
|  |  |
| [x]  | Physiology Fee (per hour) | 63.00 |  |
| [x]  | Room Fee | 79.00 |  |
| [x]  | Cancellation notice charge (<24hrs notice) | 142.00 |  |
|  | **Total Cost:** | £ |

**Respiratory Function Request**

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| --- |
| **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. |