



Pinwheel Pediatrics Requisition

PATIENT INFORMATION

NAME:

DOB:

GENDER:

ULI:

ADDRESS:

PHONE:

REQUEST INFORMATION

DATE OF REQUEST:

REQUESTING PHYSICIAN:

PRACID:

Pulmonary Function Tests:

- ☐ Spirometry – without bronchodilator
- ☐ Spirometry – with bronchodilator (salbutamol)

Consultation:

- ☐ Pediatric Respiriologist consultation
 - ☐ with allergy skin testing (for environmental allergies only)*

Sleep:

- ☐ Overnight oximetry*

Clinical History:

Medications: