NOTE: Incomplete and / or unsigned requistions will be returned



Stouff			Hospital MRN #:				
Hospital Oak Valley Health			Patient Name (Last, First):				
-		y Health Referral	Date of Birth (DD/MM/YYYY):				
COPD/Ast	•	y ricaltii ittelellai	Health Card #:	Version Code: Non OHIP (Self-pay) or Refugee			
OOI DIAGU	iiiia		WSIB #:				
Markham Stouffville Hospital Booking Line: 905-472-7614			Address: Postal Code:				
	Please	e Fax to: 905-472-7618	Tel #: (Best Daytime):	Alt Tel #:			
Urgent	Routine		Email:				
Date: Referring MD			Signature	MD Phone #			
CPSO#	Billing #	Additional copies to:					
Preferred Langu	age	Name & number of in	Name & number of interpreter to help schedule appointment, if available				
	Clinic with Res	pirologist Consultation					
Reason for	Referral (Requ	ired)					
Clinical Infor	mation						
✓ COPD		Asthma					
Cough		☐ Smoker _	packs per day				
Shortnes	s of Breath						
$\square$ Other:							
	Please have	e the patient bring all	current medications to th	e appointment.			

PLEASE PRINT CLEARLY

OR AFFIX LABEL WITH COMPLETE INFORMATION



## MSH Office Use Only

mon office use only									
	•	, ,	er medical directive 050.920.095						
PFT appointmen	nt as per medical o	directive 050.920.100							
Clinic appointment	ent								
RRT Name:			-						
RRT Signature:			Date:						
Chest X-ray	Date:	Time:							
PFT appointment	Date:	Time:							
Clinic appointment	Date:	Time:							
Name of Respirologi	st:		_						



Markham Stouffville Hospital Centre for Respiratory Health Located in the Markham Stouffville Health Center 377 Church St. Room G07 Markham Ontario

## **COPD Clinic**

Bring your health card and all current medications.

Depending on your appointment you may be scheduled for a pulmonary function test and/or a chest Xray. If so, please report to the main lobby to register for your appointment and arrive 15 minutes in advance. You will be directed to the pulmonary function lab.

If you are scheduled for a pulmonary function test, no inhalers for 12 hours prior to test except Salbutamol (ventolin) which may be taken up to six hours prior to test.

Your appointment may take up to four hours.

You will be seen by a COPD Educator and the Respirologist (Lung Disease Specialist).

## **Asthma Education Clinic**

Bring your health card and all current medications, and your spacer (aerochamber).

You will be seen by the Asthma Educator.

New appointments are 45 minutes, follow up appointments are 30 minutes

Please park in visitor parking lot #1 across from 377 Church St.

The Centre for Respiratory Health is located in 377 Church St on the ground floor, room G07.