



# Eastwood Specialist Centre Lung Function Laboratory

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Medical Director: Dr Philip Lee Scientific Director: Mr Jay Flack

Name: .....

Address:.....

Date of Birth: ..... Gender: M / F

Phone number: (Home):.....

Mobile..... Work.....

- Full lung function** (spirometry, lung volumes, diffusion capacity)
- Spirometry + FeNO** (for assessment of airway inflammation)
- Mannitol Challenge** (for diagnosis of asthma)
- 6 minute walk test** (for assessment of functional capacity)

Respiratory condition: .....

Medical history:.....

Smoking history: .....Hb .....

Current inhaled medications:.....

Referring MO: .....

Address: .....

Provider Number: ..... Signature: .....

Telephone: ..... Date: .....