



Lung Function Laboratory Referral Form (Southern Cross Affiliated Provider)

All tests are performed by a senior clinical physiologist and reported by a vocationally registered specialist respiratory physician

Fax _____ (09) 4374081

Healthlink EDI _____ mrmixson

Email: admin@cardinalpoints.co.nz

☐ Tick here for TEST ONLY

Patient's details

First Name

Surname

NHI

Date of Birth

Type to enter text

Contact details

☐ Spirometry with Flow/Volume loops

☐ Pre and post bronchodilator spirometry

☐ Pre and post bronchodilator full lung function test (this includes spirometry, flow volumes, lung volumes and diffusion capacity)

Clinical details:

Referring Doctor:

Contact details (phone/email/fax):