



## LUNG FUNCTION REFERRAL

DR BARTON JENNINGS

### PATIENT DETAILS

Name

Email

Address

Phone

DOB

### TEST REQUIRED

Full Lung Function  
with Spirometry and  
Diffusing Capacity  
(DCL0)

Spirometry  
Pre and Post  
Bronchodilator

Bronchial  
Provocation  
Test

**NO breathing medications or smoking on day of test.**

### REQUESTING DOCTOR

Name

Email

Address

Signature

Date

Provider No.

Phone

### CLINICAL DETAILS

Notes