



Peninsula  
Health

## LUNG FUNCTION REQUEST (A)

Frankston Hospital - Dept Thoracic Medicine,  
Hastings Rd Frankston

Rosebud Hospital – Point Nepean Rd, Rosebud

**Please Fax the referral to (03) 9788 1879**

For appointment enquiries please call (03) 9788 1753



UR NUMBER .....

SURNAME .....

GIVEN NAMES .....

DATE OF BIRTH ..... PH .....

ADDRESS .....

Please fill in if no Patient Label available

App.4/4/2023 Print Code:10814

### Appointment:

Day .....

Date ...../...../.....

Time .....

### Medicare No:

.....(.....)

### Reason for Referral:

### Tests Required:

1.  Spirometry
2.  Diffusing Capacity
3.  Bronchial Provocation - Mannitol Challenge  
(Baseline Spirometry required prior)

### Requesting doctors details

Name: .....

Address: .....

Provider No. ....

Date: ...../...../.....

4. Other .....

Copies to: .....

Signature:

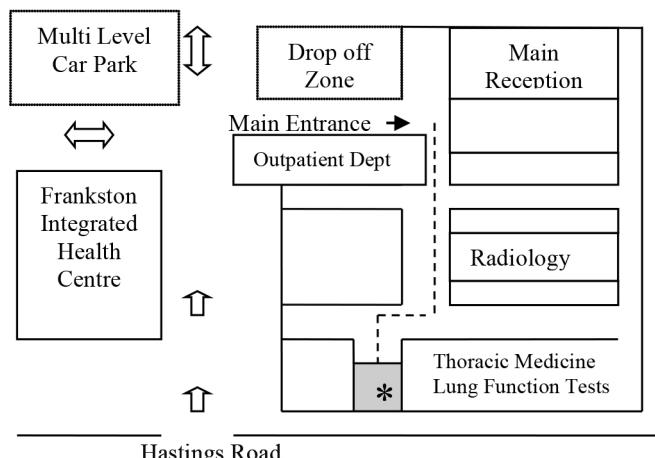
**For your appointment please bring along your  
Medicare / DVA gold card and referral form.**

**TEST PREPARATION INSTRUCTIONS - PLEASE REFER TO THE ATTACHED  
INSTRUCTIONS INCLUDED AT THE END OF YOUR APPOINTMENT LETTER.**

### Frankston Hospital

Enter through Main Entrance

☼ Department of Thoracic Medicine  
(Lung Function Laboratory)



### Rosebud Hospital

Community Health Building

☼ Lung Function Laboratory  
(report to Community Health Reception)

