PULMONARY FUNCTION TESTING INSTRUCTIONS

Patient: ___________________________ is scheduled on ______________________

1. Please refrain from using lipstick and cologne/perfume fragrances the day of the test.

2. Please DO NOT use any of the Oral INHALERS 12 hours prior to the test:
   a. Serevent
   b. Flovent
   c. Advair
   d. Foradil
   e. Qvair
   f. any other not listed

3. In addition, please DO NOT use any of the listed or unlisted fast acting mouth INHALERS OR NEBULIZER 4 hours prior to the test:
   a. Proventil
   b. Albuterol
   c. Combivent
   d. Duo Nebs
   e. Atrovent
   f. VoSpire (pill form)
   g. Xopenex
   h. any other not listed

4. Please do NOT use Spiriva on the day of the test.

5. Please refrain from the consumption of alcoholic beverages for at least 48 hours prior to the test.

6. SMOKING- If you smoke please do NOT smoke 48 hours prior to the test.

7. Testing usually lasts approximately 1 hour.

There are NO other dietary or medication restrictions for this test unless listed. Please take other necessary medications. During testing a nebulizer treatment is given. A light meal is always recommended. All testing is done in a chair in the office. Patients would be able to drive themselves home after testing is completed.

For any further questions or concerns please contact one of the Respiratory Therapist at the office.

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