

- ☐ Dr. M. Kargel
- ☐ Dr. D. Bain
- ☐ Dr. C. Walsh
- ☐ Dr. I. Fraser
- ☐ Dr. A. Vagaon
- ☐ Dr. L. Kim

CHEST Centre, T2 wing

825 Coxwell Avenue, Toronto ON, M4C 3E7

phone (416) 469-7777, fax (416) 469-7717

respirology@tehn.ca

<https://www.tehn.ca/programs-services/medicine/respirology-chest-centre>



Your VISIT:

☐ **Your IN-PERSON Appointment:** Date: _____ at _____ am / pm

Register at Patient Registration, M1 wing, when you arrive. Bring your health card.

☐ **Your TELEPHONE Appointment:** Date: _____ at _____ am / pm

Your doctor will **CALL YOU** within 2 hours of your appointment time.

☐ **Your VIRTUAL VIDEO Appointment:** Date: _____ at _____ am / pm

Your doctor will **LOG IN** within 2 hours of your appointment time.

☐ **Your CT Scan Appointment:** Date: _____ at _____ am / pm

Register at Patient Registration, M1 wing, when you arrive. Bring your health card.

Your BREATHING TEST:

☐ **Your IN-PERSON BREATHING TEST:** Date: _____ at _____ am / pm

Register at Patient Registration, M1 wing, when you arrive. Bring your health card.

OFFICE USE ONLY - _____ Week(s) _____ Month(s)

☐ Sleep follow up only

1. **Combine** visit with PFT if possible: ☐ Pre & Post ☐ Loop ☐ Loop and DLCO ☐ 6MWT ☐ Exception (any test below)

2. PFT and visit at **separate** times: ☐ Full PFT: ☐ Meth ☐ CPET ☐ O2 Exercise ☐ 6MWT plus: ☐ Loop
☐ Pre BD only ☐ Induced Sputum ☐ Loop and DLCO
☐ Pre & Post test for: _____ ☐ Pre & Post



Visit our website for info about the CHEST Centre, your lung tests, and how long your appointment will take.

***respirology@tehn.ca** is for NON-MEDICAL matters only like appointment requests and changes. The CHEST Centre will not review medical concerns sent by email. The CHEST Centre will not reply by email in most instances.

***Telephone, video, text, email, and virtual appointments** have a risk that confidential personal health information is intercepted. The care provided through telephone or video visits cannot replace the need for physical exam or in-person visits for some illnesses. You should seek in-person care when needed including emergency department care as needed.

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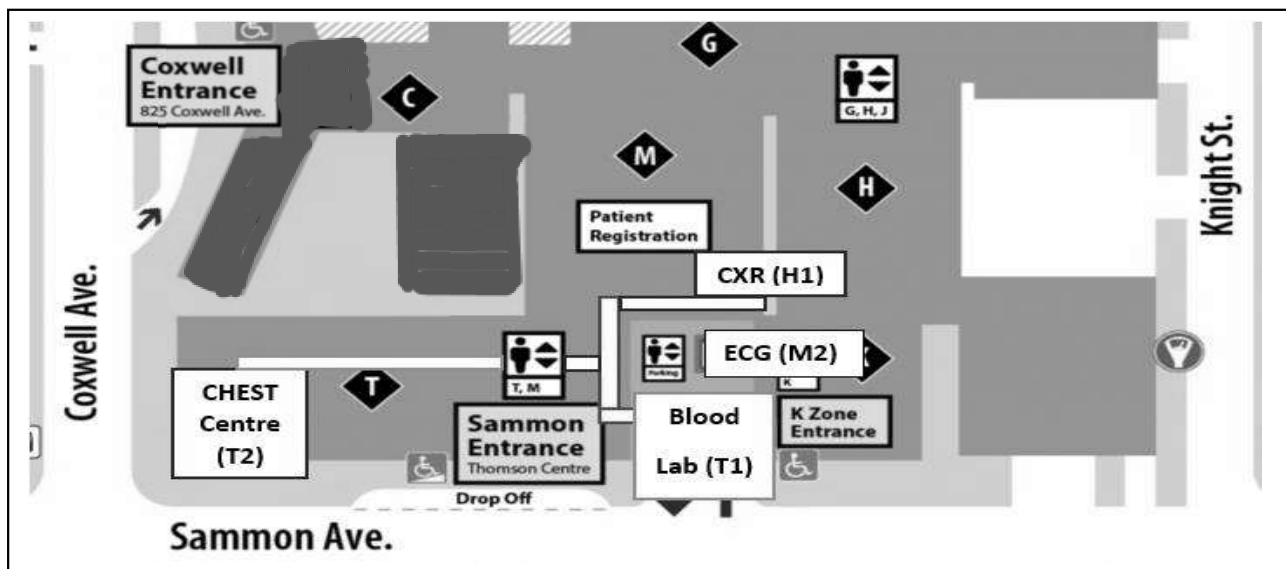
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AFTER your visit,

your doctor might ask you to complete some of the following:

- ☐ Obtain **Chest X-Ray** or **Chest CT Scan** in the **diagnostic imaging department, H1 wing**, on the **1st floor**.
- ☐ Obtain **Blood work** in the **blood collection lab, T1 wing**, here at the hospital on the **1st floor**.
- ☐ Obtain **Blood work** at an outside **blood collection lab**.
- ☐ Obtain **Blood work** one week prior to your lung biopsy.
- ☐ Return **Sputum Cultures** to the **blood collection lab, T1 wing**, here at the hospital on the **1st floor**.
- ☐ Obtain **ECG** in the **non-invasive cardiac laboratory, M2 wing**, on the **2nd floor** (no requisition required).
- ☐ Obtain outside chest x-rays or chest CT scan images on a CD and deliver them to the CHEST centre, T2 wing.
- ☐ Obtain notes from your other doctors as requested.
- ☐ You have been referred to:



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