

Kratz Asthma, Allergy & Immunology
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8202 Washington St.
Port Richey, FL 34668
727-819-1610

INSTRUCTIONS FOR PULMONARY FUNCTION TEST (PFT)

Please **discontinue** these medications prior to your testing:

24 Hours: Singulair, Accolate, Stiolto, Striverdi

12 Hours:

Maxair	Advair	Symbicort
Serevent	Volmax	Foradil
Dulera	Qvar	Asmanex
Alvesco	Spiriva	Flovent
Breo	Arnoro	Arnuity

6 Hours:

Proventil	Ventolin	ProAir
Albuterol	Xopenex	Pulmicort
Atrovent	Combivent	Aerospan

Please bring your Albuterol, Proventil, Maxair, Combivent, ProAir or Ventolin inhaler with spacer to your Pulmonary Function Test.

Resume use of BRONCHODILATORS as directed after your Pulmonary Function Test.

Your PFT is scheduled _____ at _____

Please feel free to call us if you have any questions (727) 819-1610

*****If you are scheduled to have a Bone Density test please refrain from wearing any of the following: Belts, buckles, zippers or metal of any kind from the waist down. Please stop Calcium pills 24 hours prior to test.**



"PROCEDURE NO SHOW APPOINTMENT POLICY"

Kratz Allergy, Asthma, and Immunology is pleased that you have selected us to assist in your medical care-but missing scheduled procedure appointments jeopardizes optimal care outcomes.

So this doesn't occur we have adopted the following policy:

- ❖ *If you do not cancel your procedure 24 hours prior or you do not show for your procedure you will incur a minimum fee of \$25 per procedure that you are scheduled for in any 24 hour period. A copy of this procedure will be furnished to the patient and a copy kept in their chart.*

Your good health and well being is our goal, a physician and patient partnership is the best way to achieve this.

***THANK YOU FOR BEING OUR CUSTOMER
KRATZ ALLERGY***

PRINT PT NAME _____

PT. SIGNATURE _____