DATE: _____ TIME: _____

NORTHEASTERN PULMONARY ASSOCIATES

27 Naek Road, Unit 2, Vernon, CT, 06066 Phone: (860) 875-2444

Breathing Test Instructions

Please wear comfortable shoes as you may have to do a 6-minute walk test.
If you have any questions about medication or testing, please call our office at least 48 hours (about 2 days) before the appointment.

IF YOU USE ANY OF THE FOLLOWING MEDICATION BELOW, TRY TO STOP TAKING THEM 4 HOURS PRIOR TO THE BREATHING TEST. IF YOU USED ANY OF THE FOLLOWING MEDICATION, BEFORE THE BREATHING TEST
↓ PLEASE MAKE THE RESPITORY THEREAPIST AWARE. ↓

PROAIR	**NEBULIZER MEDS**	
ALBUTEROL	DUONEB (4-HRS)	
VENTOLIN	/ ALBUTEROL SULFATE 4-HRS	
PROVENTIL	IPRATROPIUM BROMIDE (4-HRS)	
ATROVENT	BROVANA (4-HRS)	
COMBIVENT	BUDESONIDE (12-HRS)	IPRATROPIOM-AL BUTEROL (4-HOURS)
XOPENEX (8-HRS)	YUPELRI (12-HRS)	PULMICORT (12-HRS)

DO NOT TAKE THE FOLLOWING INHALERS
↓ 12 HOURS PRIOR TO BREATHING TEST ↓

SYMBICORT	ADVAIR	ARNUITY
ALVESCO	TURDOZA	FORADIL
SEREVENT	ASMANEX	FLOVENT
QVAR	PULMICORT	PERFORMIST
BREO	DULERA	WIXELA
BEVESPI	BREZTRI	AIRSUPRA

DO NOT TAKE THE FOLLOWING INHALERS
↓ 24 HOURS PRIOR TO THE BREATHING TEST ↓

SPIRIVIA	ANORO	STRIVERDI
INCRUSE ELIPTA	ARCAPTA	NEOHALER
STILOTO	UTIBRON	TRELEGY

*** STOP SMOKING 8-HOURS PRIOR TO BREATHING TEST ***

DATE: _____ TIME: _____

DO NOT WEAR ANY PERFUME OR COLOGNE TO THE OFFICE!!!!! YOUR TEST MAY BE CANCELLED IF YOU DO!!