Dear

**Cystic Fibrosis Annual Review**

Date:

Time: 9.30 am

Where: Level 1, Clinic F

Please present to **Level 1, Clinic F**for this appointment. Appointment schedule for the day is as follows:

|  |  |
| --- | --- |
| Time | Appointment |
| 9.30am | Spiro controlled lung function prior to CT |
| 10.00am | CT – 10.15am |
| 10.30am | CF Nurse/Social Work |
| 11.00am | Social Work/CF Nurse |
| 11.30am | CT – 11.45am |
| 12.00pm | Lunch |
| 12.40pm | Physiotherapy |
| 1.00pm | Dietitian |
| 1.30pm  | Doctors – Respiratory and Gastroenterology |

Please find enclosed pathology request forms for your children to have their annual review bloods. ***Please have bloods taken at least one week prior to the appointment.***

**Please bring the following with you to the appointment:**

* Physiotherapy devices and spacers for inhaled therapy
* Your home nebuliser **(*please ensure that you drop your nebuliser off for servicing as soon as you enter the hospital, prior to your clinic to ensure a same day turn around service. Drop off and collection is at the Equipment and Consumables Services (ECG) window on Basement Level 2, access through the Basement Carpark and the Green lifts)***
* A list of the current medications taken by your child
* The ‘Information for dietitian’ sheet (enclosed with this letter) completed.

Please contact the department as soon as possible if you are unable to attend this appointment.

**Dr Andrew Wilson**

Respiratory Medicine