

Patient Name:	Birthdate:		
Do you have a history of asthma or chronic lung disease? No Yes If you answered "YES", please read the NIOX Test Disclosure and sign below: ASTHMA PATIENTS ONLY NIOX FUNCTION TEST DISCLOSURE			
		NIOX FONC	TION TEST DISCLOSURE
		System to test lung function in our patients. It is a basthma. Along with the tests we currently use to loo	ement the NIOX MINO® Airway Inflammatory Monitoring brand new tool designed to better diagnose and monitor your ok at how successful pharmaceutical therapy has been, the NIOX ar level of lung inflammation. The device employs an easy and on that is completely painless and even a little fun!
Some of the benefits of this new technology are:			
 The possibilities of lowering your dose of 	medication when appropriate		
 The ability to adjust medication based or 	your individual needs		
 Insight into your treatments efficacy 			
 Better prediction of asthma relapse and experience 	exacerbation		
Early identification and close monitoring	or airway inflammation		
·	rovider for the appropriate charge. If the charge is not covered		
•	al costs of performing this sensitive measurement. If you do no		
wish to be charged for this test, please notify the sta	aff prior to performing the test.		
Patient/Guardian Signature:	Date:		