

SLEEP REQUISITION

Sleep Diagnostics & Therapy

Phone: (780) 750-5838
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 rhscanada.com



Patient Information

Last Name: _____
 First Name: _____
 Sex M F | Date of Birth (mm/dd/yy): _____
 Address: _____

 Phone (Daytime): _____
 Email: _____
 Health Card #: _____

Patient Label

SLEEP - NO COST AT HOME SLEEP TESTING

- Sleep Apnea & Snoring Diagnostics
 Interpreted Home Sleep Apnea Testing (HSAT Level III)
 May include CPAP Treatment, Oral Appliance,
 Provent Therapy - As Indicated
- CPAP Treatment
 Requires previous diagnosis
- Re-assessment of Treatment
 May include HSAT. CPAP treatment - As Indicated
- Other _____

 Insomnia, Restless Leg Syndrome, Shift Work, etc.

SERVICE FOR LIFE™

Respiratory Homecare Solutions (RHS) offers a Service for Life™ program to ensure exceptional patient care

Our promise

- Customized patient support for sleep therapy
- Scheduled follow ups with every patient to ensure compliance and patient comfort
- Ongoing assistance with CPAP equipment and troubleshooting

Medical Hx / Notes: _____

- Snoring Hypertension Diabetes Cardiovascular Disease

Referring Physician/Practitioner Information

Please confirm receipt of fax

Clinic Stamp Including Fax #

Name: _____
 Signature: _____
 Prac ID: _____
 Date: _____
 Fax Mandatory: _____
 Phone: _____
 Clinic: _____

Please forward screening results to treating physician. (If checked please include the following information):

Name: _____ Fax: _____ Clinic: _____



FORT MCMURRAY
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