



Phone: (604) 630-1212  
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 rhscanada.com



# SLEEP & RESPIRATORY REQUISITION

Sleep Diagnostics & Therapy | Oxygen Therapy | Pulmonary Diagnostics

## Patient Information

Last Name: \_\_\_\_\_  
 First Name: \_\_\_\_\_  
 Sex  M  F | Date of Birth (mm/dd/yy): \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
 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 Trial / Treatment, Provent Therapy.  
 As Indicated

Direct to CPAP  
 Requires previous diagnosis

CPAP Re-assessment  
 May include HSAT, CPAP Trial / Treatment - As Indicated

**OXYGEN**

Home Oxygen Assessment  
 Oxygen Services available to patients with Extended  
 Health Benefits or Private Payees.

Oxygen Therapy  
 Prescription  
 @ \_\_\_\_\_ LPM - Duration \_\_\_\_\_  
 Maintain SpO2 > 89%

Medical Hx / Notes: \_\_\_\_\_  
 \_\_\_\_\_

Snoring                       Hypertension                       Diabetes                       Cardiovascular Disease

## Referring Physician/Practitioner Information

Please confirm receipt of fax (optional)

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: \_\_\_\_\_



1

**\* WEST VANCOUVER**  
636 Clyde Avenue, #10  
West Vancouver, BC  
(604) 630-1212

2

**\* NORTH VANCOUVER**  
1150 Marine Dr, #502  
North Vancouver, BC  
(604) 630-1212

3

**\* VANCOUVER**  
601 West Broadway, #400  
Vancouver, BC  
(604) 630-1212

4

**\* RICHMOND**  
5811 Cooney Road, #355  
Richmond, BC  
(604) 630-1212

5

**\* BURNABY**  
3959 Kingsway  
Burnaby, BC  
(604) 630-1212

6

**\* COQUITLAM**  
3030 Lincoln Ave, #211  
Coquitlam, BC  
(604) 630-1212

7

**SURREY**  
15149 Fraser Hwy  
Surrey, BC  
(604) 630-1212

8

**\* SOUTH SURREY**  
15388 - 24 Ave, #202  
Surrey, BC  
(604) 630-1212

9

**LANGLEY**  
20434 - 64 Ave, #110  
Langley, BC  
(604) 630-1212



10

**\* MAPLE RIDGE**  
11915 224th st, #100  
Maple Ridge, BC  
(604) 630-1212

11

**\* ABBOTSFORD**  
30475 Cardinal Ave, #220  
Abbotsford, BC  
(604) 630-1212



\*LOCATIONS ARE BY APPOINTMENT ONLY  
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Respiratory Homecare Solutions  
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