RESPIRATORY HOMECARE SOLUTIONS

# SLEEP & RESPIRATORY REQUISITION

Sleep Diagnostics & Therapy | Oxygen Therapy | Pulmonary Diagnostics

Phone: (604) 630-1212
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rhscanada.com

ACCREDITED ACCREDITATION AGREEMENT CANADA

## 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 Provent therapy.
The patient will require a CPAP machine and mask for sleep apnea to use on a permanent basis if the results are positive.

☐ 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: _____