



# SLEEP & RESPIRATORY REQUISITION

Sleep Diagnostics & Therapy

Phone: (780) 750-5838 | Fax: (780) 750-5839



## Patient Information

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Sex  M  F | Date of Birth (mm/dd/yy): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone (Daytime): \_\_\_\_\_  
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, Oral Appliance,  
Provent Therapy - As Indicated
- Direct to CPAP  
Requires previous diagnosis
- CPAP Re-assessment  
May include HSAT, CPAP Trial / 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: \_\_\_\_\_

[rhscanada.com](http://rhscanada.com)

Virtual Care Appointments Available





**RESPIRATORY *HOMECARE*  
SOLUTIONS**



**FORT MCMURRAY**

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***Service for life.***<sup>TM</sup>

Respiratory Homecare Solutions

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