RESPIRATORY HOMECARE SOLUTIONS

SLEEP & RESPIRATORY REQUISITION

Sleep Diagnostics & Therapy | Oxygen Therapy | Pulmonary Diagnostics

Phone: (780) 814-7353
Fax: (780) 814-7368
rhscanada.com

ACCREDITED — ACCREDITATION AGREEMENT CANADA

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- As Indicated

☐ CPAP Treatment
Requires previous diagnosis

☐ Re-assessment of Treatment
May include HSAT. CPAP treatment - As Indicated

☐ Oral Appliance Therapy Consultation
HSAT and/or MATRx Titration PSG - As Indicated

☐ Other
_____
Insomnia, Restless Leg Syndrome, Shift Work, etc.

OXYGEN

☐ Oxygen Therapy
Maintain SpO_2 > 89% | +/- ABG, PFT, HSAT, Exercise Oximetry as required by AADL Funding

☐ Assess Oxygen Requirement

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):

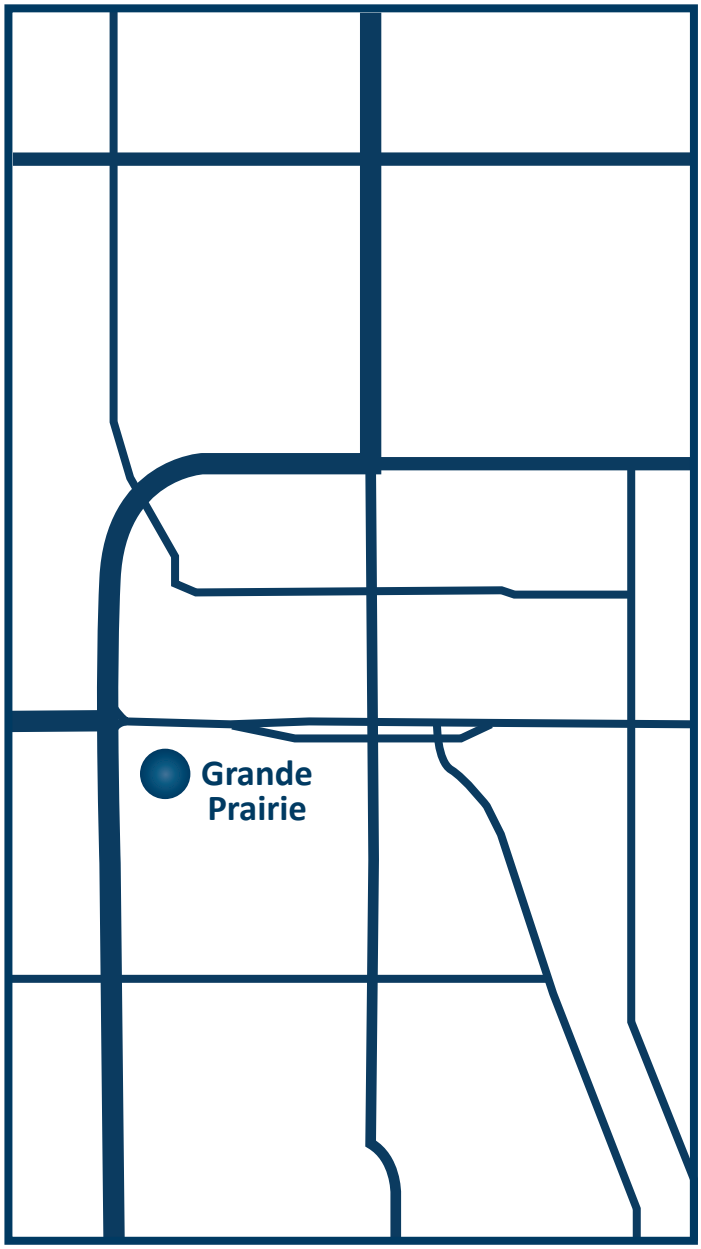
Name: _____ Fax: _____ Clinic: _____

Alberta Netcare ELECTRONIC HEALTH RECORD

RESPIRATORY HOMECARE SOLUTIONS

GRANDE PRAIRIE

10619 West Side Dr, #2
Grande Prairie, AB
(780) 814-7353



Service for life.™

Respiratory Homecare Solutions
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