Air Liquide HEALTHCARE

AIR LIQUIDE HOME HEALTHCARE CANADA INC.

Changing care. With you.

Phone 780-814-7353

Fax 780-814-7368

Patient Label

Sleep & Respiratory Requisition

Sleep Diagnostics and Therapy | Oxygen Therapy

Patient Information			
Last Name:	First Name:	☐ Male ☐ Female	
Address:		Email:	
City:	Province:	Postal Code:	
Daytime Phone:	Health Card Number:		DOB:

Sleep - No Cost At Home Sleep Testing

☐ **Sleep Apnea and Snoring Diagnostics**
Interpreted Home Sleep Apnea Testing (HSAT Level III).
May include CPAP Treatment, Oral Appliance, as indicated.

☐ **HSAT Only**

☐ **CPAP Treatment**
Requires previous diagnosis

☐ **Re-assessment of Treatment**
May include HSAT, CPAP Treatment, as indicated.

☐ **Other** (ie. 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		
Physician/Practitioner Name:		Date:
Physician/Practitioner ID Number:		Signature:
Fax (mandatory):	Phone:	Clinic:

Clinic Stamp

☐ **Please forward screening results to treating physician**
(if checked please include the following information):

Name: _____ Fax: _____

Clinic: _____

Signature allows the following: Type III testing. Proceed to Auto Titration Study (when level III tests positive for OSA by interpreting Respirologist). Referral to Respirologist on your behalf for consultation and/or recommendation.

RESPIRATORY HOMECARE SOLUTIONS

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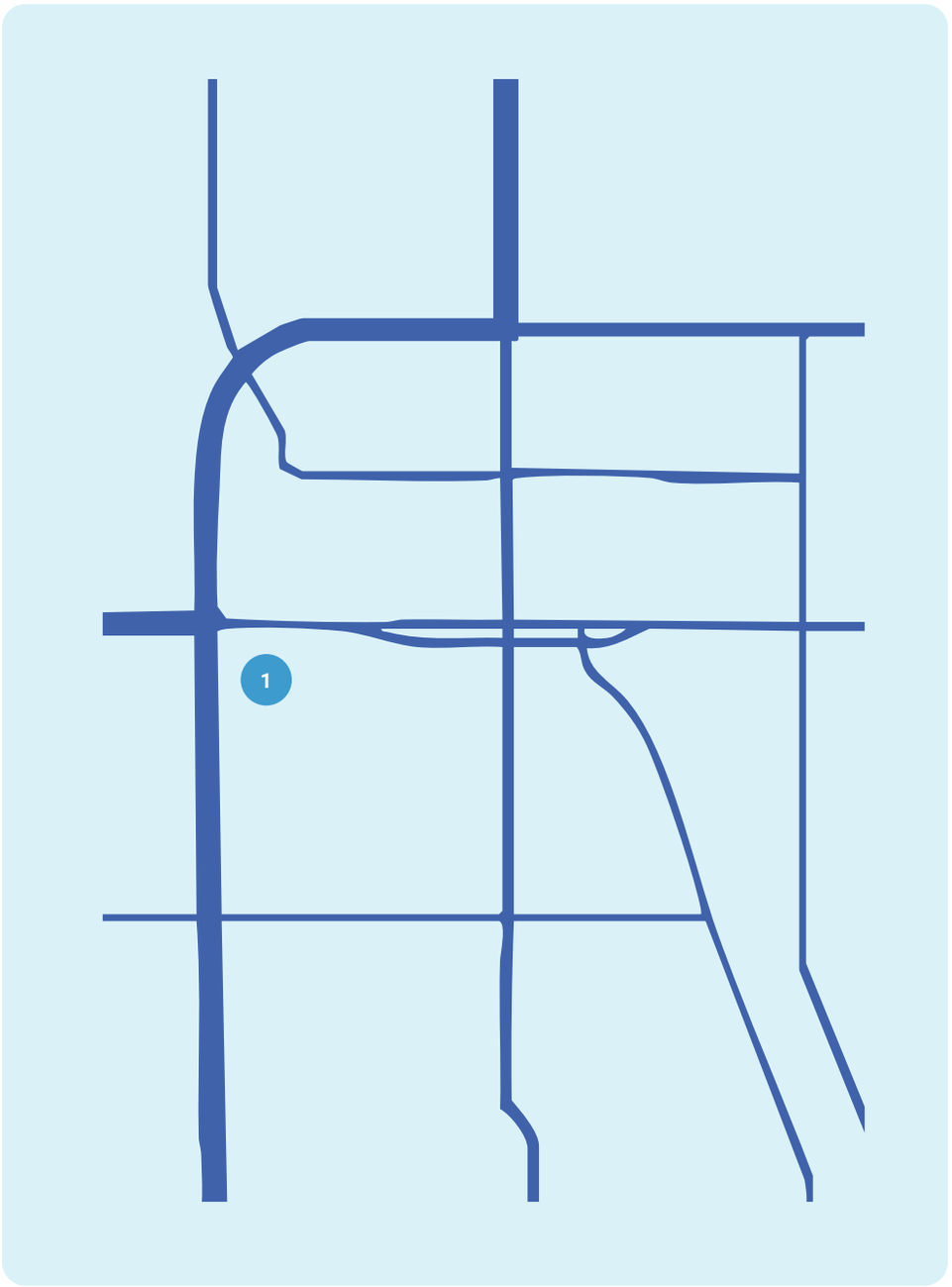
Clinic Location

1 **Grand Prairie**

10619 West Side Dr, #2
Grand Prairie, AB

Phone: 780-814-7353



RESPIRATORY HOMECARE SOLUTIONS