

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: _____

Clinic Location

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Grande Prairie

10619 West Side Dr, #2
Grande Prairie, AB

Phone: 780-814-7353

