Air Liquide HEALTHCARE
AIR LIQUIDE HOME HEALTHCARE CANADA INC.
Changing care. With you.

Phone
403-328-1190

Fax
403-328-1156

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,
Provent Therapy - 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:

Patient Label

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

Name: _____ Fax: _____

Clinic: _____

RESPIRATORY HOMECARE SOLUTIONS

Air Liquide HEALTHCARE

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Clinic Locations

1 **Lethbridge**

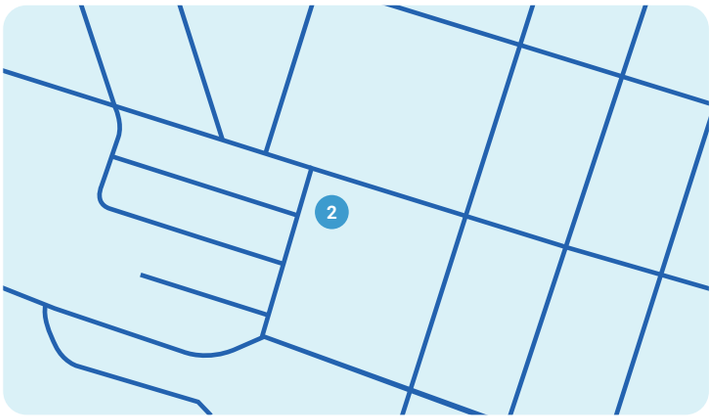
542 - 7 St. South, #102
Lethbridge, AB

Phone: 413-347-6707

2 **Brooks W**

220 4 St W
Brooks, AB

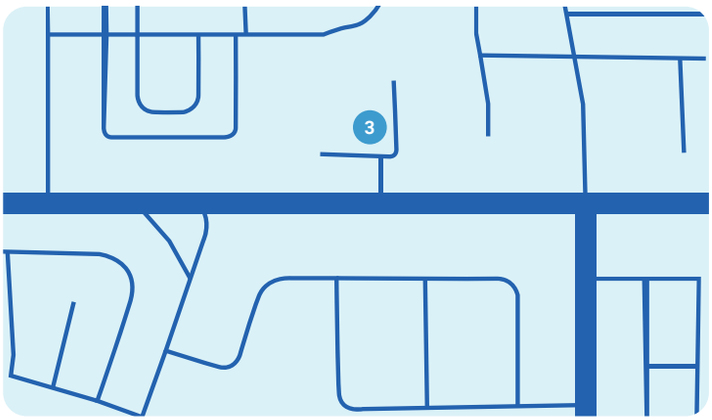
Phone: 403-526-0208



3 **Brooks E**

620 Cassils Rd E
Brooks, AB

Phone: 403-526-0208



RESPIRATORY HOMECARE SOLUTIONS