



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

Sleep
403-347-6707

Oxygen
403-347-6707

Fax
403-347-6750

Patient Label

Sleep & Respiratory Requisition

Sleep Diagnostics and Therapy | Oxygen Therapy | Pulmonary Diagnostics

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 _____

Diagnostics
☐ Complete Pulmonary Function Test (PFT)
☐ Spirometry
☐ Pulmonary Consult
☐ Respirology Consult
☐ Arterial Blood Gas (ABG) ☐ <60 PaO ₂ start O ₂ ☐ PFT if indicated

Medical Hx / Notes:

☐ Snoring ☐ Hypertension ☐ Diabetes ☐ Cardiovascular Disease

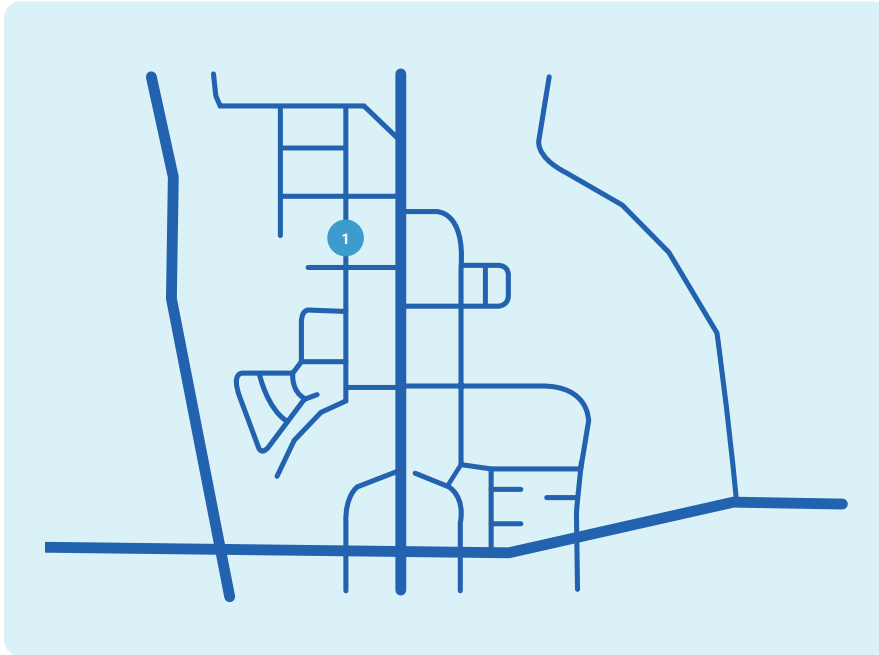
Referring Physician/Practitioner Information		
Physician/Practitioner Name:		Date:
Physician/Practitioner ID Number:		Signature:
Fax (mandatory):	Phone:	Clinic:

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.



Clinic Locations

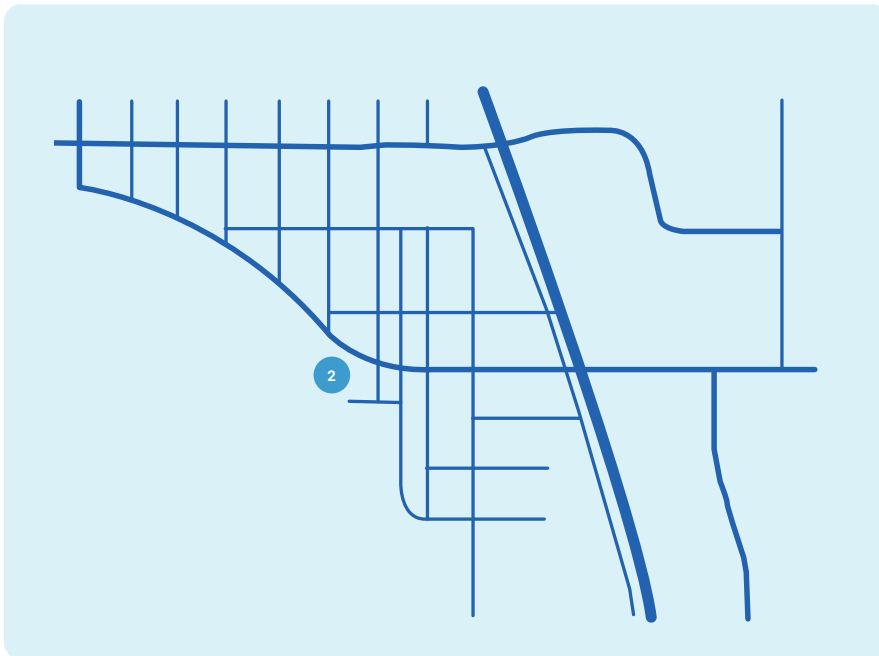


1

Red Deer

3622 - 50 Ave, #102
Red Deer, AB

Phone: 403-347-6707



2

Rocky Mountain House

4809 47 Ave, #115
Rocky Mountain House, AB

Phone: 403-347-6707