



SOLE PROVIDER OF SPECIAL ASSISTANCE PROGRAM

SLEEP AND OXYGEN REFERRAL

FAX TO 1-866-489-0202 or PHONE 1-800-563-2698

vitalaire.ca

rst Name:	☐ Male ☐ Female
Prov:	Postal Code:
HC#	DOB:
Alternate Contact Phone	Ε
p	Comorbidities: Hypertension Diabetes Metabolic Syndrome CHF Depression Atrial fibrillation COPD Other
LPM	
SPECIAL ASSISTANCE PROGRAM patients <u>may</u> require a referral from Respirology or a Specialist for home oxygen All other patients are eligible for <u>Private pay Option</u> with a Physician or Nurse Practitioner Rx * * In conjunction with this referral, please also make requisition with Regional Health Authority for ABG at earliest convenience	
	HC# Alternate Contact Phone Pp LPM ral from Respirology or a Spician or Nurse Practitioner

Physician/Practitioner Name:

Physician/Practitioner ID#: (required)

Signature: (required)

Date:

Clinic Stamp





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VitalAire Branch Locations & Preference

St. John's Sleep Clinics:
☐ 464 Torbay Road - Unit 103, St. John's, NL A1A 5J3 (Southeast of Major's Path & Torbay Road intersection)
☐ 1 Paton Street - Summerville Plaza 2nd floor -Suite 219, St. John's, NL A1B 4S6 (Northeast of Elizabeth Avenue. & Freshwater Road - Inside E.N.T. Consultants Suite)
St. John's (O2 only):
☐ 51-B Pippy Place - Suite 302, St. John's, NL A1B 4H8 (Southwest corner of Goldstone & Pippy Place)
Clarenville:
☐ 105 Manitoba Drive - Suite 302, Clarenville, NL A5A 1K2 (Medical Arts Building)
Corner Brook (O2 only):
☐ 14 Main Street, Corner Brook, NL A2H 1B8
Email: vahomecare.NL@airliquide.com