Air Liquide HEALTHCARE

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

Edmonton Sleep
Phone: 780-801-2100
Fax: 587-290-0116

Edmonton Oxygen (24/7)
Phone: 780-440-1822
Fax: 1-866-274-4183

Vegreville/Bonnyville/Camrose Sleep and Oxygen
Phone: 780-632-7611
Fax: 780-632-7612

Sleep & Respiratory Requisition

Sleep Diagnostics and Therapy | Oxygen Therapy | Pulmonary Diagnostics

Patient Information

Last Name:	First Name:	☐ Male ☐ Female
Address:	Email:	
Daytime Phone:	Health Card Number:	DOB:

Referral Source Information

Last Name:	First Name:
Title:	Phone:
Facility or Address:	Fax:

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.
- ☐ **CPAP Treatment**
  Requires previous diagnosis
- ☐ **HSAT Only**
- ☐ **Re-assessment of Treatment**
  May include HSAT, CPAP Treatment, as indicated.
- ☐ **Pediatric Sleep Test**
  HSAT Level 4 sleep test. Vegreville only.
- ☐ **Other** (ie. insomnia, restless leg syndrome, shift work, etc.)

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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

Home Oxygen Assessment and Setup

- ☐ Oxygen Therapy: Maintain Sp02 > 89% | +/- ABG, PFT, HSAT, Exercise Oximetry as required by AADL Funding.
- ☐ Routine Diagnostic tests as per physician's request ☐ ABG ☐ PFT ☐ HSAT
- ☐ OPEP Therapy
- ☐ Humidified High Flow Therapy, Suction or Nebulizer

Referring Physician/Practitioner Information

☐ Please confirm receipt of fax

Physician/Practitioner Name:		Date:
Physician/Practitioner ID Number:		Signature: Ramsaroop, Leonarda Digitally signed by Ramsaroop, Leonarda Date: 2026.06.09 14:36:42 -04'00'
Fax (mandatory):	Phone:	Clinic:

Clinic Stamp

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

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 | VitalAire | LAKELAND RESPIRATORY

Clinic Locations

Edmonton Kingsway

10515 Kingsway Ave NW
Edmonton, AB

Phone: 780-801-2100

Edmonton Windermere

6283 Andrews Loop SW
Edmonton, AB

Phone: 780-801-2100

Edmonton South

Unit 8, 9147-39 Ave NW
Edmonton, AB

Phone: 780-440-1822

Meadowlark Place Professional Centre

8708 155 St NW #305
Edmonton, AB

Phone: 780-801-2100

Camrose

6223 48 Avenue
Camrose, AB

Phone: 780-672-1522

Bonnyville

5506 50 Avenue
Bonnyville, AB

Phone: 780-826-2507

Vegreville

5341 50 Avenue
Vegreville, AB

Phone: 780-632-7611

Sherwood Park Inside Nottingham Medical

140-80 Chippewa Rd
Sherwood Park, AB

Phone: 780-801-2100

St. Albert

5 Giroux Rd, #130
St. Albert, AB

Phone: 780-801-2100

Fort Saskatchewan

10101 - 86 Ave, #204
Fort Saskatchewan, AB

Phone: 780-801-2100

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