

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

- 1** **Grand Prairie**
10619 West Side Dr, #2
Grand Prairie, AB
Phone: 780-814-7353

