PHYSICIAN REFERRAL FORM

Provincial Sleep Group™

All Your Sleep Apnea Needs

Victoria	Ph: 250.370.9332	Fax: 250.370.9363
Burnaby	Ph: 604.298.5944	Fax: 604.291.6939
Langley	Ph: 604.298.5944	Fax: 604.291.6939
Edmonton	Ph: 780.701.4531	Fax: 780.498.2729
Red Deer	Ph: 403.346.7775	Fax: 403.346.0427
Lloydminster	Ph: 780.701.4531	Fax: 780.498.2729
North Battleford	Ph: 306.937.7766	Fax: 306.937.7764
Swift Current	Ph: 306.773.2663	Fax: 306.773.3003
Saskatoon	Ph: 306.651.0177	Fax: 306.651.0359
Prince Albert	Ph: 306.764.1270	Fax: 306.764.1271
Moose Jaw	Ph: 306.693.2727	Fax: 306.693.2700
Regina	Ph: 306.790.1305	Fax: 306.790.1305
Estevan	Ph: 306.636.2727	Fax: 306.636.2728

OUR SLEEP THERAPY PROGRAM INCLUDES: ✓ **Initial Testing** ✓ **APAP + CPAP Therapy** ✓ **Follow Up Reporting**

Referral Date DD/MM/YY **Gender** ☐ male ☐ female

Patient Name last name first name **Date of Birth** DD/MM/YY

Address city province postal code

Health Care Number **Home Phone**

Email **Other Phone**

Inital Testing ◯ **LEVEL 3 SLEEP STUDY** (no charge testing)

Therapy (If necessary)

☐ **CPAP Therapy with pressures:**

☐ **Auto 4-20 cmH20**
☐ **Auto ___ - ___cmH20**
☐ **___cmH20**

Referring Physician print name **Clinic Name**

Physician Signature sign name **Phone**

Email **Fax**

OFFICE USE ONLY

Study Date DD/MM/YY **Time** START/END

Location **Booked By**

Access Referral Form at ***psgi.ca*** |
Email Referral Form to **sleepinfo@psgi.ca**

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BRITISH COLUMBIA ALBERTA SASKATCHEWAN

Visit psgi.ca to contact your local clinic.