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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: 306.790.2727	Fax: 306.790.1305
Estevan	Ph: 306.636.2727	Fax: 306.636.2728

...Proudly Canadian

Our "Sleep therapy program" includes initial testing, APAP and CPAP therapy and follow up reporting.

Date of Referral: \_\_\_\_\_ Gender:  Male  Female

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ PHN: \_\_\_\_\_

\_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Initial Testing:  level 3 Sleep Study

Therapy:  CPAP Therapy with pressures  Pressures 4-20 cmH2O

Pressures \_\_\_\_ - \_\_\_\_ cmH2O

\_\_\_\_\_ cmH2O

Follow Up Reporting Includes: 2 Week Follow up, 6 Week Follow up, Yearly Follow up

Follow Up Testing If Required:  Auto/CPAP Titration  With Overnight Oximetry

Referring Physician: \_\_\_\_\_ Clinic Name: \_\_\_\_\_

Print Name Phone: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Fax: \_\_\_\_\_

Signature

OFFICE USE ONLY

Study Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_ / \_\_\_\_

DD MM YY DD MM YY

Location: \_\_\_\_\_ Booked By: \_\_\_\_\_ / \_\_\_\_\_