



Changing Lives For Good

PATIENT RESPIRATORY REFERRAL

PATIENT INFORMATION

Last Name: _____ First Name: _____ M F DOB: _____
 Address: _____ City: _____ Postal: _____
 Phone: _____ Email: _____ PHN: _____

SLEEP APNEA TESTING AND THERAPY

COMORBIDITIES Hypertension Diabetes Obesity Cardiovascular Depression

SYMPTOMS Daytime Somnolence Unrefreshed Sleep Witnessed Apneas Habitual Loud Snoring

LEVEL 3 HOME SLEEP TEST **STAT**

If positive for Sleep Disorders (OSA)



Proceed to and initiate CPAP Therapy Prescription Range _____ to _____ cm H2O Bi - Level Therapy Prescription Range IPAP: _____ to EPAP: _____ cm H2O

PATIENT MEDICAL INFORMATION / HX

24 HOUR BLOOD PRESSURE MONITORING

24 HOUR Ambulatory blood pressure monitoring (Nominal fee applies.)

REFERRING PRACTITIONER

Referring Practitioner Name: _____ Prac ID # _____

Address: _____ City: _____ Postal: _____

Phone: _____ Fax: _____ Date: _____

Copy Results To (Physician/Healthcare Provider): _____

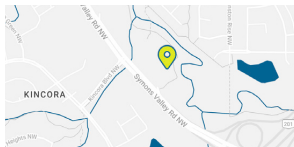
OPEN 6 DAYS A WEEK MON-SAT

CALGARY / CREEKSIDE

Creekside Shopping Centre
 (Next to Co-op Grocery)

#110 - 11988 Symons Valley Rd,
 NW Calgary, AB. T3P 0A3

Phone or Fax:
 (587) 329-3008

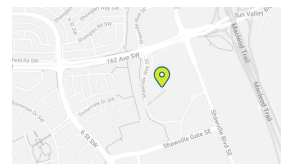


CALGARY / SHAWNESSEY

Shoppes at Shawnessy
 (Near London Drugs)

#39 - 275 Shawville Blvd SE,
 Calgary, AB. T2Y 3H9

Phone or Fax:
 (403) 888-9355



Fax directly to the above clinic or 1.833.766.7363, we will contact the patient. Email us at Info@SnoreMDcanada.ca