



Patient's Name: \_\_\_\_\_ Gender:  Male  Female

MSP: \_\_\_\_\_ D.O.B. mm / dd / yyyy Phone: \_\_\_\_\_

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

### Obstructive Sleep Apnea

#### Sleep Study

- Level III Sleep Study w/ interpretation
- Start CPAP trial if OSA indicated on interpretation
- Overnight Oximetry
- Overnight Oximetry with CPAP

#### Treatment

- CPAP Therapy \_\_\_\_\_ cmH<sub>2</sub>O
- BiPAP Therapy \_\_\_\_\_ cmH<sub>2</sub>O
- Titrate as necessary

### Sleep Assessment

- Assessment
  - Consultation
  - Sleep Hygiene Education
  - Level III Portable Monitor (if necessary)

### Home Oxygen

- Home O<sub>2</sub> \_\_\_\_\_ L/min
  - 24 Hours
  - Nocturnal O<sub>2</sub>
  - with Exertion

Special Instructions: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Clinic Name or Stamp: \_\_\_\_\_

Please print and fax or email your prescription to one of our offices:

- #115 - 5050 Kingsway, Burnaby
- #103 - 805 West Broadway, Vancouver
- #180 - 7031 Westminster Hwy, Richmond
- #107 - 1461 Johnston Rd, White Rock
- #215 - 1433 Lonsdale Ave, North Vancouver
- #101-1695 Marine Drive, West Vancouver
- #2 - 38003 2nd Ave, Squamish
- 4308 Main St (Whistler Dental) Whistler

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|-------------------|-------------------|
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