



Patient's Name: _____ Gender: Male Female

MSP: _____ D.O.B. / / _____ 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 _____ cmH₂O
- BiPAP Therapy _____ cmH₂O
- Titrate as necessary

Sleep Assessment

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

Home Oxygen

- Home O₂ _____ L/min
 - 24 Hours
 - Nocturnal O₂
 - 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
- #105 - 1975 McCallum Rd, Abbotsford
- #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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|-------------------|-------------------|
| Tel: 604.432.9271 | Fax: 604.432.9471 |
| Tel: 604.875.1440 | Fax: 604.875.1469 |
| Tel: 604.278.1540 | Fax: 604.278.1567 |
| Tel: 604.542.2276 | Fax: 604.542.2216 |
| Tel: 604.746.2290 | Fax: 604.746.2270 |
| Tel: 604.985.1440 | Fax: 604.985.9471 |
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