



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 \_\_\_\_\_ 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:

- |  |                   |                   |
|--|-------------------|-------------------|
| <input type="checkbox"/> #115 - 5050 Kingsway, Burnaby                       | Tel: 604.432.9271 | Fax: 604.432.9471 |
| <input type="checkbox"/> #103 - 805 West Broadway, Vancouver                 | Tel: 604.875.1440 | Fax: 604.875.1469 |
| <input type="checkbox"/> #180 - 7031 Westminster Highway, Richmond           | Tel: 604.278.1540 | Fax: 604.278.1567 |
| <input type="checkbox"/> #107 - 1461 Johnston Road, White Rock               | Tel: 604.542.2276 | Fax: 604.542.2216 |
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| <input type="checkbox"/> #2 - 38003 2nd Avenue, Squamish                     | Tel: 604.390.1130 | Fax: 604.390.1131 |
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