



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 with CPAP

#### Treatment

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

### Sleep Assessment

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

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