



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 _____ cmH₂O
- BiPAP Therapy _____ cmH₂O

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 |
| <input type="checkbox"/> Abbotsford | #105 - 1975 McCallum Road, Abbotsford | Tel: 604.746.2290 | Fax: 604.746.2270 |
| <input type="checkbox"/> Chilliwack | #106 - 9193 Main Street, Chilliwack | Tel: 604.746.2290 | Fax: 604.746.2270 |
| <input type="checkbox"/> Mission | #104 - 32423 Lougheed Highway, Mission | Tel: 604.746.2290 | Fax: 604.746.2270 |
| <input type="checkbox"/> North Vancouver | #350 - 138 East 13th Street, North Vancouver | Tel: 604.985.1440 | Fax: 604.985.9471 |
| <input type="checkbox"/> Squamish | #2 - 38003 2nd Avenue, Squamish | Tel: 604.390.1130 | Fax: 604.390.1131 |
| <input type="checkbox"/> Whistler | 4308 Main Street, Whistler | Tel: 604.390.1130 | Fax: 604.390.1131 |
| <input type="checkbox"/> Sechelt | #106 - 5682 Wharf Avenue, Sechelt | Tel: 604.740.4448 | Fax: 604.740.4404 |