



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:

- | | | |
|--|-------------------|-------------------|
| <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 |
| <input type="checkbox"/> #105 - 1975 McCallum Road, Abbotsford | Tel: 604.746.2290 | Fax: 604.746.2270 |
| <input type="checkbox"/> 9193 Main St, Chilliwack (Valley Family Practice Medical) | Tel: 604.746.2290 | Fax: 604.746.2270 |
| <input type="checkbox"/> #901 - 145 East 13th Street, North Vancouver | Tel: 604.985.1440 | Fax: 604.985.9471 |
| <input type="checkbox"/> #101-1695 Marine Drive, West Vancouver | Tel: 778.650.0380 | Fax: 604.985.9471 |
| <input type="checkbox"/> #2 - 38003 2nd Avenue, Squamish | Tel: 604.390.1130 | Fax: 604.390.1131 |
| <input type="checkbox"/> 4308 Main Street (Whistler Dental), Whistler | Tel: 604.390.1130 | Fax: 604.390.1131 |
| <input type="checkbox"/> #101 - 1066 Gibsons Way (Coastline Health), Gibsons | Tel: 604.840.3257 | Fax: 604.840.3258 |

