



Date results required by: _____

Complete and fax to 1-888-310-1441

We will contact the patient

Name: _____
Address: _____
City: _____
DOB: _____
Phone: _____

Respiratory Services Requisition

Thompson/Okanagan

Obstructive Sleep Apnea (OSA) Screening and Treatment

OSA Screening

- Overnight Oximetry _____
 - with Sleep Specialist Interpretation
- Level III Comprehensive Multi Channel Home Sleep Study _____

OSA Treatment

- If positive screen for OSA, proceed to Auto CPAP Trial (Standard pressure range 6 to 16 cm H₂O)
- or
- Specify Pressure Range _____ to _____ cm H₂O

CPAP/BiPAP Therapy

- CPAP _____ H₂O
- Bi-Level: IPAP _____ EPAP _____ Rate _____

Home Oxygen Assessment and Therapy

Screening

- Home Oxygen Assessment (stable patients only)**
Note: May include Oximetry: at rest, w/ Exertion, and Nocturnal
- Home Oxygen Therapy**
Oxygen prescription _____ LPM _____ Hours/Day
- If oxygen prescription varies**
 - At rest _____ LPM
 - w/Exertion _____ LPM
 - Nocturnal _____ LPM

- Simple Spirometry without Bronchodilator**
 - Holter Ambulatory 24 Hour Blood Pressure Monitoring**
A nominal fee charged to the patient for this service
- Note: These screening services are not available in all areas. Contact our local office to confirm availability

Reason for referral: _____

Primary Diagnosis: _____

Notes: _____

Date

Ordering Physician

Fax #

Signature

Penticton
250-493-0200

Kelowna
250-860-0605

Kamloops
250-828-0208

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