



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

Vancouver Island

## 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 H<sub>2</sub>O)
- or
- Specify Pressure Range \_\_\_\_\_ to \_\_\_\_\_ cm H<sub>2</sub>O

## CPAP/BiPAP Therapy

- CPAP \_\_\_\_\_ H<sub>2</sub>O
- 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

**Victoria**  
250-388-4987

**Nanaimo**  
250-714-0423

**Duncan**  
250-714-0423

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