

Date results required by: \_\_\_\_\_

Complete and fax to 1-833-909-2082

We will contact the patient

Name: \_\_\_\_\_

DOB: \_\_\_\_\_

PHN: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

## Respiratory Services Requisition

Alberta - South

### Obstructive Sleep Apnea (OSA) Screening and Treatment

#### OSA Screening

- ☐ Level III Multi-Channel  
Home Sleep Study  
Includes Overnight Oximetry and  
Sleep Specialist Interpretation

If Positive →

#### OSA Treatment

- ☐ Proceed to Auto CPAP Trial  
(Standard pressure range 6 to 16 cm H<sub>2</sub>O)

\*As per AASM and CTS Guidelines, all Level III studies include sleep specialist interpretation

### CPAP/Bi-Level Therapy Prescription

- ☐ CPAP: \_\_\_\_\_ H<sub>2</sub>O
- ☐ Auto-Titrating CPAP: Pressure Range \_\_\_\_\_ to \_\_\_\_\_ cmH<sub>2</sub>O
- ☐ Bi-Level: IPAP \_\_\_\_\_ EPAP \_\_\_\_\_ Rate \_\_\_\_\_
- ☐ Other - Please Specify: \_\_\_\_\_

### Home Oxygen Assessment and Therapy

- ☐ Home Oxygen Assessment (stable patients only)

Note: May include oximetry at rest, exertion and nocturnal

- ☐ Home Oxygen Therapy

Oxygen prescription \_\_\_\_\_ LPM \_\_\_\_\_ Hours/Day

If oxygen prescription varies

Rest \_\_\_\_\_ LPM

Exertion \_\_\_\_\_ LPM

Nocturnal \_\_\_\_\_ LPM

### 24 Hour Blood Pressure Monitoring

- ☐ Ambulatory 24 Hour Blood Pressure Monitoring - A nominal fee will be charged to the patient for this service

Reason for referral: \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date

Ordering Physician

Fax #

Phone #

Signature

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