MedPro Respiratory Care

ACCREDITED WITH EXEMPLARY STANDING
ACCREDITATION AGRÉMENT CANADA

Date results required by: _____

Complete and fax to 780-809-8293
We will contact the patient

Name:
DOB:
PHN:
Address:
City:
Phone:

Respiratory Services Requisition

Alberta - North

Obstructive Sleep Apnea (OSA) Screening and Treatment

OSA Screening		OSA Treatment
☐ Level III Multi-Channel Home Sleep Study Includes Overnight Oximetry and Sleep Specialist Interpretation	If Positive →	☐ Proceed to Auto CPAP Trial (Standard pressure range 6 to 16 cm H_2O)

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

CPAP/Bi-Level Therapy Prescription

☐ **CPAP:** _____ H_2O

☐ **Auto-Titrating CPAP:** Pressure Range _____ to _____ cmH_20

☐ **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

Edmonton

Phone 780-809-8292 • Fax 780-809-8293
www.medprorespiratory.com