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...Proudly Canadian

Our "Sleep therapy program" includes initial testing, APAP and CPAP therapy and follow up reporting.

Date of Referral: Gender: Patient Name: DOB: Address: PHN: Home Phone: City: Prov: Postal: Other Phone:

Initial Testing: level 3 Sleep Study

Therapy: CPAP Therapy with pressures Pressures 4-20 cmH2O Pressures - cmH2O cmH2O

Follow Up Reporting Includes: 2 Week Follow up, 6 Week Follow up, Yearly Follow up

Follow Up Testing If Required: Auto/CPAP Titration With Overnight Oximetry

Referring Physician: Print Name Phone: Fax: Physician Signature: Signature