



**HEALTHY HEART  
SLEEP COMPANY**

206B - 1010 1st Ave NE Calgary AB T2E 7W7  
Phone (403) 313-5910 Fax (587) 352-8011

Unit 7 - 1221 Canyon Meadows Dr. SE Calgary, Alberta, T2J 6G2  
Phone (403) 313-5910 Fax (587) 352-8011

**Please fax this form to 587-352-8011**

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

AB HEALTH #: \_\_\_\_\_ CONTACT #: \_\_\_\_\_

The above-named patient requires Level 3 Testing for Obstructive Sleep Apnea. If this test reveals that the patient may have Obstructive Sleep Apnea (OSA), please trial patient on Continuous Positive Airway Pressure (CPAP), and arrange long-term therapy of CPAP. Due to the severity of the OSA with some patients, an arterial blood gas test may be necessary to rule out alveolar hypoventilation. Please initial in the box below if you agree to allow us to arrange the arterial blood gas test.

Yes, please arrange arterial blood gas test for patient if deemed necessary.

Physician Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Healthy Heart Sleep Company will contact the patient and arrange all necessary appointments. The patient or the physician are both welcome to contact us if an urgent test is required. Healthy Heart Sleep Company will take a complete history from your patient, however would like the physician to add any relevant information in the "Physician Comments". The status of your patient's Level 3 Sleep Test and/or CPAP progress will be reported to you.

**Thank you for the privilege of serving you and your patients.**

**"LEAVE THE REST TO US"™**