



**HEALTHY HEART  
SLEEP COMPANY**

A Division of **MedPro**  
Respiratory Care

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

*Please indicate if the test is urgent*

Complete and fax to 1.833.909.2082 - We will contact the patient

Name:

DOB:

PHN:

Address:

City:

Phone:

**PATIENT LABEL**

## Respiratory Services Requisition

### Obstructive Sleep Apnea (OSA) Screening and Treatment (Check all that apply)

- Level 3 Home Sleep Apnea Test (HSAT) \_\_\_\_\_ If Positive \_\_\_\_\_ → Proceed to Auto CPAP Trial  
(Standard pressure range 6 to 16 cm H<sub>2</sub>O)
- Level 3 Home Sleep Apnea Test (HSAT)
- Referral to Respirologist as clinically indicated (ex. complex sleep disorders, rule out cardiopulmonary disease, patient request)

*All Level 3 HSAT studies are interpreted by a Sleep Specialist*

### CPAP/Bi-Level Therapy Prescription

- CPAP: \_\_\_\_\_ cm H<sub>2</sub>O
- Auto CPAP: Pressure Range \_\_\_\_\_ to \_\_\_\_\_ cm H<sub>2</sub>O
- Bi-Level: Mode \_\_\_\_\_ IPAP \_\_\_\_\_ EPAP \_\_\_\_\_ Rate \_\_\_\_\_ Ti \_\_\_\_\_

### Home Oxygen Assessment and Therapy

- Home Oxygen Assesment (stable patients only)**

Note: As per AADL protocol, may include oximetry at rest, exertion and nocturnal

- Home Oxygen Therapy**

Oxygen Prescription: \_\_\_\_\_ LPM \_\_\_\_\_ Hours/Day

SpO<sub>2</sub> Target \_\_\_\_\_

### 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

#### Calgary - Bridgeland

206B-1010 1 Ave NE, T2E 7W7

Ph. (403) 313.5910, Ext. 1

#### Calgary - Deer Valley Marketplace

7-1221 Canyon Meadows Dr. SE, T2J 6G2

Ph. (403) 313.5910, Ext. 2

#### Red Deer - Notre Dame Plaza

1209-2827 30 Ave, T4R 2P7

Ph. (587) 815.6329