



**EDMONTON
SLEEP
INSTITUTE**

Downtown Location

First Edmonton Place
107-10665 Jasper Ave.
Edmonton, AB T5J 3S9
Ph: 780-702-3871
Fax: 780-702-3876

Northgate Location

Northgate Mall
2086 - 97 St. & 137 Ave.
Edmonton, AB T5E 5R8
Ph: 780-478-0064
Fax: 780-478-0035

Southside Location

Heritage Lane
10859 - 23 Avenue
Edmonton, AB T6R 7B5
Ph: 587-520-2299
Fax: 587-520-2277

Date: _____

Last Name: _____ First Name: _____

Health Care Number: _____ Date of Birth: _____

Address: _____

Daytime Phone: _____

Obstructive Sleep Apnea Assessment and Treatment Includes:

- Home Sleep Study (Level III) interpreted by a Pulmonary / Sleep Specialist.
- Pulmonary Consult for an in lab sleep study (Level I) if indicated.
- CPAP Titration as recommended.
- ABG's if required.
- Pulmonary Function Testing if required.
- Prescription request for recommended CPAP pressures from the referring physician.
- All results will be forwarded to the referring Physician.

- Auto CPAP Trial at _____ cm H₂O to _____ cm H₂O
- CPAP Treatment at _____ cm H₂O
- Auto CPAP Treatment at _____ cm H₂O to _____ cm H₂O
- Pneumotach with CPAP
- Overnight Oximetry
 - On room air
 - On oxygen

Referring Physician Information:

Physician's Name: _____ Address: _____

City: _____ Postal Code: _____ Phone: _____ Fax: _____

Referring Physician's Signature: _____



**EDMONTON
RESPIRATORY
CONSULTANTS**

*Supporting partnerships to
improve respiratory health.*



**Northern Lung
Function**