



Patient Information

Label Here

Referring Physician

Date: _____

Physician name: _____

Physician address: _____

Physician fax: _____

Physician phone: _____ Prac ID: _____

Physician signature: _____

Considered a valid prescription when signed by a physician

Copies to: _____

Is this an Urgent Request? Patient Aware of Referral?
 Yes No Yes No

Locations

**Sherwood Park/
Fort Saskatchewan**
80 Sioux Road
Sherwood Park, Alberta
T8A 3X5

T 780.449.1434
F 780.449.1435

Edmonton North
9312 137 Avenue
Edmonton, Alberta
T5E 6C2

T 780.475.0720
F 780.475.0732

Edmonton Central
#235, 10405 Jasper Avenue
Edmonton, Alberta
T5J 3N4

T 780.969.6661
F 780.666.9722

Edmonton South
9136 23 Avenue
Edmonton, Alberta
T6N 1H9

T 780.784.2177
F 780.784.2182

Spruce Grove
#22, 201 McLeod Avenue
Spruce Grove, Alberta
T7X 2K6

T 780.960.5461
F 780.960.5471

Camrose
6601 48 Avenue
Camrose, Alberta
T4V 3G8

T 780.672.2425 ext *142
F 780.666.9722

Sleep

Clinical History:

- Snoring Witnessed Apnea
 Hypertension Diabetes
 Asthma/COPD Gasping

Reason for Referral _____

Neck Circumference _____ (cm)

Sleep Study:

- Level III Sleep Study (*no fee*)
If positive for sleep apnea per physician interpretation, initiate auto CPAP trial
- Level I Sleep Study (Polysomnography)
(fee may be applicable)
- Auto/Adjusted CPAP Therapy
 _____ cm H₂O to _____ cm H₂O
- CPAP Therapy _____ cm H₂O
- BiPAP Therapy
 Mode: AVAPS _____ ST _____ Auto SV _____
 IPAP _____ EPAP _____ RR _____ Ti _____

Allergy

- Allergy Consult - Dr. Kumar Ramlall*
 Allergy Testing (\$40)*

Clinical Notes:

Respiratory

- Adult Pulmonary Consult
 Adult Internal Medicine Consult
 Pediatric Pulmonary Consult

Pulmonary Function Testing:

- Full Pulmonary Function
 Pre-post Spirometry

Respiratory Assessment:

- Assessment for Home Oxygen
 Nocturnal Oximetry (*fee applicable*)
 Arterial Blood Gas

Home Oxygen Therapy:

- Keep SpO₂ >89% or >____%
 _____ Lpm x _____ Hr/day
 Home Oxygen Assessment - AADL Protocol

Home Respiratory Equipment:

- High Flow Humidity
 Suction Setup
 Nebulizer Setup

Adult Cardiology

- Holter Monitoring
 ECG (Electrocardiogram)
 24 Hour Blood Pressure Monitor
 Echocardiogram*
 Exercise Stress Test*
 Cardiology Consult*

**Only available at Edmonton South, provided in conjunction with Edmonton Cardiology Consultants.*



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