



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

**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 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

Red Deer
 #135, 4309 52 Avenue
 Red Deer, Alberta
 T4N 6S4
 T 403.342.0494
 F 403.343.0304

Sleep Therapy

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 applicable)

Auto CPAP Therapy
 _____ cm H₂O to _____ cm H₂O

CPAP Therapy _____ cm H₂O

BiPAP Therapy

Mode: AVAPS _____ ST _____ Auto SV _____

IPAP _____ EPAP _____ RR _____ Ti _____

Otolaryngology (ENT)

- Only available in Red Deer -

Otolaryngology Consultation

Indications:

- Otitis Media Oral Cavity Lesion
- Hearing Loss Hoarseness
- Vertigo Dysphagia
- Sleep Apnea Neck Mass
- Epistaxis Tonsillitis
- Rhinosinusitis/Nasal Obstruction
- Other (please specify)

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)*
- Exertional Oximetry
- 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

Allergy

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

Adult Cardiology

- Holter Monitoring Echocardiogram*
- ECG (Electrocardiogram) Exercise Stress Test*
- 24 Hour Blood Pressure Cardiology Consult*
 Monitor (\$40)

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

Edmonton Cardiology Consultants

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