



PLEASE FAX TO 1-844-753-3750 (SLEEP50)

PATIENT INFORMATION

Name _____

Birthdate _____

Phone # _____

Address _____

Date _____

WORK-UP FOR OBSTRUCTIVE SLEEP APNEA (CHECK APPLICABLE OPTIONS)

- Overnight Oximetry on Room Air
- Level II/III Home Sleep Study
- Positive Test results, proceed to CPAP Evaluation (standard pressure 5 – 15 cmH20)

TREATMENT OPTIONS AVAILABLE AT CANSLEEP

- CPAP/BiPAP & Mask Reassessment
- Custom Oral Appliance Assessment
- Upper Airway & Surgery Consultation

NOTES _____

PHYSICIAN/DOCTOR'S STAMP

SIGNATURE

Coquitlam | Burnaby | New Westminster | Surrey
Delta | Newton | North Vancouver | Vancouver