



EDMONTON  
SLEEP  
INSTITUTE

**Northgate Location**

Northgate Mall  
Unit 2086, 9499 - 137 Avenue  
Edmonton, AB T5E 5R8  
Ph.: 780-478-0064  
Fax: 780-478-0035

**Southside Location**

Huntington Galleria  
4636 Calgary Trail  
Edmonton, AB T6H 6A1  
Ph.: 587-520-2299  
Fax: 587-520-2277

Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Health Care Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Gender M  F  Other

**Obstructive Sleep Apnea Assessment.**

- Home Sleep Study (Level 3) Interpreted by a Pulmonary / Sleep Specialist
- All results will be forwarded to the referring Physician

Indications / Comments: \_\_\_\_\_  
\_\_\_\_\_

- Pulmonary Consult for an in-Lab Sleep Study (Level 1) with Pulmonary / Sleep Specialist
- ABG (Arterial Blood Gas)
- Routine Pulmonary Function Test
- Auto CPAP Trial at \_\_\_\_\_ cm H<sub>2</sub>O to \_\_\_\_\_ cm H<sub>2</sub>O
- CPAP Treatment at \_\_\_\_\_ cm H<sub>2</sub>O
- Auto CPAP Treatment at \_\_\_\_\_ cmH<sub>2</sub>O to \_\_\_\_\_ cm H<sub>2</sub>O
- Pneumotach with CPAP
- Overnight Oximetry
  - On room air
  - On oxygen @ \_\_\_\_\_ lpm

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.*

