



Sleep Apnea Treatment Specialists since 1996

ABBOTSFORD

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SURREY

Phone: 604-576-9400

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QUALICUM BEACH

Phone: 250-594-1111

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Patient's Name: _____ DOB: _____

Phone Number: Home _____
 Business _____ Cell _____

SYMPTOMS of Sleep Apnea

- | | | |
|--------------------------|-----------------------------------|------------------------------|
| Loud Snoring | Reflux | Excessive daytime sleepiness |
| Nocturia | Witnessed breathing interruptions | Hypertension |
| Gasping/choking at night | Obesity | Morning Headaches |
| Low energy | | |

3 or more of above symptoms proceed to TESTING

TESTING for Sleep Apnea (interpreted by Respirologist)

- Overnight Oximetry on room air
 Level 3 test (measures oximetry, airflow & effort)

TREATING Sleep Apnea

- CPAP Therapy Trial* CPAP / BIPAP equipment required indefinitely while sleeping
 BiLevel Therapy Trial*

***Includes post oximetry**

Diagnosis / Indication:

- Obstructive Sleep Apnea
 Other (Specify) _____

To Whom It May Concern:

This is to state that this person is under my care for the treatment for obstructive sleep apnea. I have prescribed nocturnal continuous positive airway pressure, which is delivered by a CPAP machine. Without this treatment, serious health problems may develop and therefore, the machine will be required indefinitely.

Clinic Stamp

Physician signature: _____ Physician Name _____

Phone (604) 576-9400 Fax: (604) 576-9434 Toll free: 1-877-597-5030

www.sleepotech.ca

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