

PATIENT PRESCRIPTION FORM

PATIENT INFORMATION

Last Name	First Name	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> X
DOB mm/dd/yyyy	Phone			
Address				
Email	PHN			
Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Punjabi <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Other:				

SLEEP APNEA TESTING AND TREATMENT

- Level 3 Home Sleep Apnea Testing & Initiate CPAP Therapy if Positive for OSA (nightly and indefinitely)
- Level 3 Home Sleep Apnea Testing (Patient to Review Results with Physician Prior to Starting CPAP)
- CPAP Therapy for Sleep Apnea (Please Attach Diagnostic Results)
- BiPAP Therapy Indication _____
- Re-Assessment (Replacement CPAP/Mask and/or Patient Education) Comment: _____

24 HOUR BLOOD PRESSURE MONITORING

- Ambulatory 24 Hour Blood Pressure Monitoring (a \$25 fee will be charged to the patient for this service)

PRESCRIBING PHYSICIAN/PRACTITIONER INFORMATION

Print Name	Signature		
MSP#	Phone	Fax	
cc Report to:			
Comments (AHI/Mallampati/Special Requests):			

FAX PRESCRIPTION DIRECTLY TO THE PREFERRED CLINIC, WE WILL CONTACT THE PATIENT

ABBOTSFORD
302-33140 Mill Lake Rd
P: 604-744-0115
F: 604-744-0199

COQUITLAM
602-2950 Glen Drive
P: 604-939-3270
F: 604-939-3260

LANGLEY
109-22314 Fraser Hwy
P: 604-427-0307
F: 604-427-0327

NANAIMO
6-100 Wallace Street
P: 250-591-9936
F: 250-591-9946

BURNABY
Opening Spring 2020

RICHMOND
130-7360 Westminster Hwy
P: 604-279-9066
F: 604-279-9245

SURREY
602-13737 96 Avenue
P: 604-590-0100
F: 604-590-0199

VANCOUVER
515-550 W. Broadway
P: 604-325-5667
F: 604-325-5644

WHITE ROCK
90-1959 152nd St.
P: 604-385-1200
F: 604-385-1221