

Medicine Hat

#3, 46 Carry Dr. SE. Medicine Hat, AB T1B 4E1

Tel: 403-527-5750

Toll Free: 1-866-446-6302

RESPIRATORY REFERRAL / REQUISITION OF SERVICES

During normal business hours, fax to Medigas at **1-855-233-1160**For after hours service, please call **1-866-446-6302**

This facsimile contains **PRIVILEGED AND CONFIDENTIAL INFORMATION**, intended only for the use of addressee(s) named above and herein. If you are not the intended recipient, you are hereby notified that any dissemination, or the copying of this communication, is strictly prohibited. If you received this facsimile in error, kindly notify us immediately at the telephone number listed above and destroy the original.

THE PARTY OF THE P		•	ase Print)		
CONTACT (if different from pres	criber)	W I			ALM UNIO
Name			Tel.		Ext
PATIENT INFORMATION		1			
ast Name		First	Name		Sex
					OM OF
Address	City		Prov.	Daytime Telephone #	
Diagnosis	ВМІ	Date of Bi	rth	Health Card #	
			EGe / J. J. yy		
PHYSICIAN	N: PLEASE	COMPLETE	PRESCRIPTION (AS	APPROPRIATE)	115 7 21
RESPIRATORY		1000	SLEEP		
Assess for Home Oxygen: May involve oximetry testing on room air at rest, on exertion, and/or nocturnal.			☐ Level III Sleep Screening: with a positive outcome to sleep screening, as determined by interpreting physician, initiate auto-titration CPAP trial, using the following limits:		
Arterial Blood Gas (ABG) on Room Air		auto-titration CP/	ving limits:		
☐ Level III Testing for home oxygen for	ements		_ Min. Pressure2	0 Max. Pressure	
☐ Home Oxygen Therapy:		OR:			
☐ Maintain SpO₂ > 89% or between %			SPECIFY:	_ Min. Pressure	Max. Pressure
OR:			(Foll	owing Auto-titration CPAP	trial)
REST: LPM	h	nours/day	☐ Auto CPAP Therapy:		
EXERTION: LPM	h	nours/day			
NOCTURNAL:LPM	h	ours/dav	Auto CPAP may be changed to standard CPAP based on Auto		
☐ Does this patient smoke?		, , , , , , , , , , , , , , , , , , , ,	titration average press	ure for 90% of titration tim	€.
☐ Do other household members si	moke?		☐ CPAP Therapy:		
☐ Pulmonary Function Test			cm H	₂ O	ramp (min)
☐ Aerosol Compressor ☐ Suction Equipment					
			☐ STAR™ Program: Patient re-education / Compliance data download / Equipment performance verification		
Other					