



9136 23 Avenue
Edmonton, Alberta
T6N 1H9

T 780.784.2177
F 780.784.2182
Toll Free Fax 780.666.9722

Patient Information

Label Here

Referring Physician

Date: _____

Physician name: _____

Physician address: _____

Physician number: _____

Physician signature: _____

Considered a valid prescription when signed by a physician

Copies to: _____

Sleep

Is this request urgent?
 Yes No

Sleep Study:

- Level III Sleep Study
If positive for sleep apnea per physician interpretation, initiate auto CPAP trial
- Auto/Adjusted CPAP Therapy
_____ cmH₂O to _____ cmH₂O
- CPAP Therapy _____ cmH₂O
- BiPAP Therapy Auto Sv
IPAP _____ EPAP _____ / _____ RATE _____

Respiratory

- Pulmonary Consult
- Pulmonary / Internal Medicine Consult
- Pediatric Pulmonary Consult
- Sleep Study with Pulmonary Consult

Pulmonary Function Testing:

- Full Pulmonary Function
- Pre-post Spirometry
- PFT with Pulmonary Consult

Respiratory Assessment:

- Assessment for Home Oxygen
- Nocturnal Oximetry (\$150)
- Exertional Oximetry
- Arterial Blood Gas
- Provide Home Oxygen Therapy
_____ LPM x _____ hours/day

Allergy

- Allergy Consult and Testing
Allergy requests will be forwarded to our Inspiromed Clinics

Cardiology Consult and Examinations

Consultation Required:

- Cardiology Consult
- Rapid Chest Pain Clinic

Urgency:

- Urgent (within 2 weeks)
- Semi-Urgent (more than 2 weeks)
- Routine Consult

Cardiology Examination(s) Required:

- Exercise Stress Test with Cardiology Consult
Please indicate perceived pre-test likelihood of Ischemic Heart Disease
 Low Intermediate High
- Echocardiogram
- 24 Hour BP Monitor
- 24 Hour Holter Monitor
- ECG (Electrocardiogram)

Indications:

Please check all that apply:

- Abnormal ECG
- Murmur
- Chest pain
- Shortness of breath
- Palpitations/Arrhythmias (suspected/known history of arrhythmias)
- Edema/PND/Orthopnea
- Hypertension
- Left ventricular hypertrophy
- Pulmonary Hypertension
- Post MI
- Post CABG/Valve intervention/PCIP Stent follow-up
- Stroke/TIA
- Syncope/Presyncope
- Dizziness

Clinical Notes:

Medication List:

Please fax recent lab investigations, including Lipids and ECG to 780.784.2182

CONFIDENTIALITY STATEMENT: Information contained in this communication may be confidential and is intended only for the use of the recipient(s). If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication or any of its content is strictly prohibited. If you receive this communication in error please return it to the sender and contact Pulse Air 780.784.2177.