MAPLE RESPIRATORY
GROUP INC.

1-403-873-7605
1-403-873-7610
1-877-674-4778
referrals@maplerespiratory.com

SLEEP & RESPIRATORY REQUISITION

Patient Information (Please print or affix label)

Last Name: _____ Sex at Birth: ☐ M ☐ F Date of Birth: _____ (MM/DD/YYYY)

First Name: _____ Health Care #: _____

Address: _____ Phone (daytime): _____

_____ Phone (alternate): _____

City: _____ Province.: _____ Postal Code: _____ Email Address: _____

Pulmonary Function Procedure

Please check the procedures to be performed

- ☐ Complete Pulmonary Function Test
  - ☐ Education Consultation
- ☐ Spirometry
- ☐ Arterial Blood Gases (ABGs)
  - ☐ PaO_2 < 60 mmHg, start O_2
- ☐ Respirology Consultation

Sleep Testing

Please check the procedures to be performed

- ☐ Polysomnography (Level I)
  - ☐ Adult ☐ Pediatrics
- ☐ Overnight Oximetry
- ☐ HSAT (Home Sleep Apnea Testing) — Adults only
- ☐ Oral Appliance Therapy Consultation
- ☐ CBTi (Cognitive Behavioral Therapy) — Insomnia

Clinic & Referring Physician (Please print or affix label)

Clinic Name: _____ Date of Referral: _____

Clinic Phone: _____ Clinic Fax: _____

Referring Doctor: _____ (Please print)

Prac ID#: _____

Physician Signature:

Medical Hx/Notes:

_____

_____

Please forward results to:

Clinic: _____

Name: _____ Fax : _____

This facility is accredited by cpsa

Alberta Netcare ELECTRONIC HEALTH RECORD

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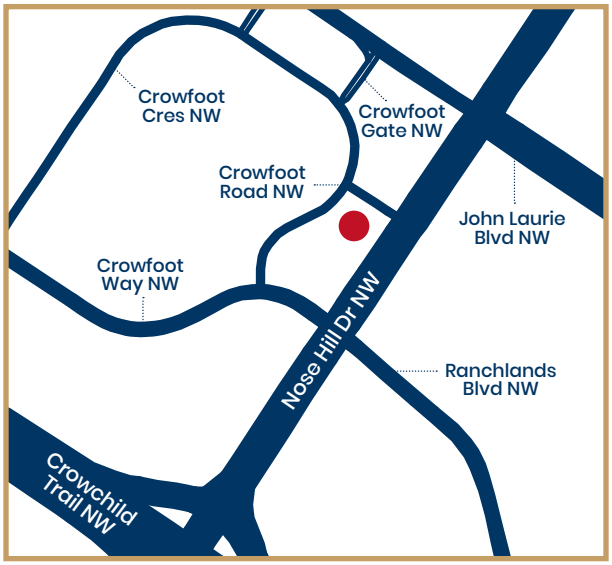
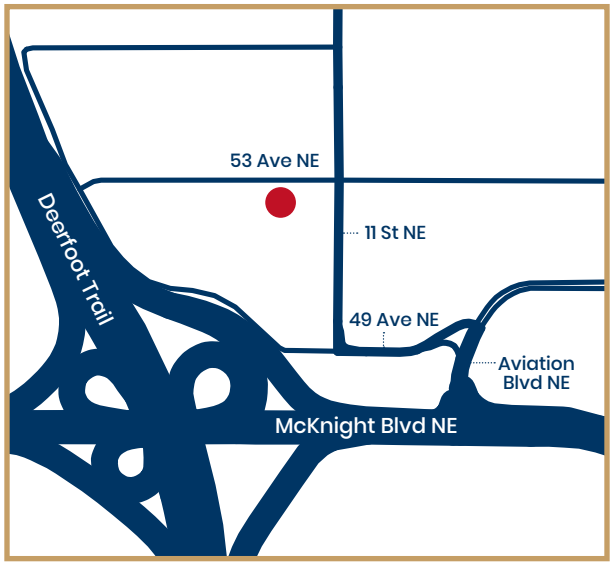
WHERE TO FIND US



North West
Crowchild Trail NW
& Nose Hill Dr. NW

102, 60 Crowfoot Crescent NW,
Calgary, AB T3G 3J9

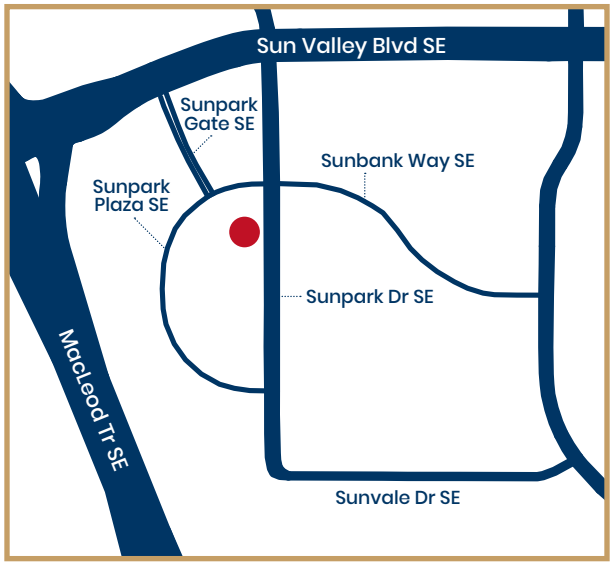


North East
Deerfoot Trail North
& McKnight Blvd. NE

1011, 53 Avenue NE
Calgary, AB T2E 6X9

South West
MacLeod Trail South
& 58 Avenue SW

320, 5504 Macleod Trail SW,
Calgary, AB T2H 0J5



South East
MacLeod Trail South
& Sun Valley Blvd. SE

103, 51 Sunpark Drive SE
Calgary, AB T2X 3V4

maplerespiratory.com