



Patient Information

Label Here

**Referring Physician**

Date: \_\_\_\_\_

Physician name: \_\_\_\_\_

Physician address: \_\_\_\_\_

Physician fax: \_\_\_\_\_

Physician phone: \_\_\_\_\_ Prac ID: \_\_\_\_\_

Physician signature: \_\_\_\_\_

*Considered a valid prescription when signed by a physician*

Copies to: \_\_\_\_\_

Is this an Urgent Request?      Patient Aware of Referral?  
 Yes    No                       Yes    No

**Locations**

**Calgary NE**  
 #201, 3151 27 Street NE  
 Calgary, Alberta  
 T1Y 0B4  
 T 403.235.4109  
 F 403.235.4147

**Calgary NW**  
 #250, 8730 Country Hills Blvd NW  
 Calgary, Alberta  
 T3G 0E2  
 T 403.873.0891  
 F 403.735.5163

**Calgary SE**  
 Sunpark Professional Centre  
 #225, 40 Sunpark Plaza SE  
 Calgary, Alberta  
 T2X 3X7  
 T 403.873.0891  
 F 403.873.1817

**Calgary SE**  
 8500 Blackfoot Trail SE  
 Calgary, Alberta  
 T2J 7E1  
 T 403.873.0891  
 F 403.873.1817

**Airdrie**  
 #309, 505 Main Street S  
 Airdrie, Alberta  
 T4B 3K3  
 T 403.873.0891  
 F 403.735.5163

**Red Deer**  
 #135, 4309 52 Avenue  
 Red Deer, Alberta  
 T4N 6S4  
 T 403.342.0494  
 F 403.343.0304

**Sleep**

**Clinical History:**

- Snoring                       Witnessed Apnea
- Hypertension               Diabetes
- Asthma/COPD               Gasping

**Sleep Study:**

- Level III Sleep Study *(no fee)*  
*If positive for sleep apnea per physician interpretation, initiate auto CPAP trial*
- Level I Sleep Study (Polysomnography)  
*(fee may be applicable)*
- Auto/Adjusted CPAP Therapy  
 \_\_\_\_\_ cm H<sub>2</sub>O to \_\_\_\_\_ cm H<sub>2</sub>O
- CPAP Therapy \_\_\_\_\_ cm H<sub>2</sub>O
- BiPAP Therapy  
 Mode: AVAPS \_\_\_\_\_ ST \_\_\_\_\_ Auto SV \_\_\_\_\_  
 IPAP \_\_\_\_\_ EPAP \_\_\_\_\_ RR \_\_\_\_\_ Ti \_\_\_\_\_

**Allergy**

- Allergy Consult and Testing *(tray fee applicable)*
  - Consult only
  - Food Allergy
  - Allergy Rhinitis
  - Allergies, unspecified
  - Atopic Dermatitis
  - Cough
  - Wheezing
  - Asthma
  - Hives
  - Immunotherapy
  - Other (please specify)

**Clinical Notes:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**Respiratory**

- Adult Pulmonary Consult
- Adult Internal Medicine Consult

**Pulmonary Function Testing:**

- Full Pulmonary Function
- Pre-post Spirometry

**Respiratory Assessment / Home Oxygen :**

- Home Oxygen Assessment- AADL Protocol  
 ABG, 6 Minute Walk Test and PFT
- Nocturnal Oximetry *(fee applicable)*
- Arterial Blood Gas
- Keep SpO<sub>2</sub> >89% or >\_\_\_\_%  
 \_\_\_\_\_ Lpm x \_\_\_\_\_ Hr/day

**Otolaryngology (ENT)**

*- Only available at Red Deer -*

- Otolaryngology Consultation

**Indications:**

- Otitis Media                       Oral Cavity Lesion
- Hearing Loss                       Hoarseness
- Vertigo                               Dysphagia
- Sleep Apnea                       Neck Mass
- Epistaxis                           Tonsillitis
- Rhinosinusitis/Nasal Obstruction
- Other (please specify)

**Adult Cardiology**

- Holter Monitoring
- ECG (Electrocardiogram)
- 24 Hour Blood Pressure Monitor

Revision Date: 26/07/2019