

COMPLETE

HEALTHCARE SOLUTIONS
LIVE LIFE WELL

15A-2037 Long Lake Road, Sudbury, ON P3E 6J9 • Tel: 705-523-9400 • Fax To: 705-523-9500

PATIENT REFERRAL FORM

Patient Name: _____

Date: _____

Gender: Male: ___ Female: ___

Physician Name: _____

Patient Address: _____

Address: _____

Telephone #: _____

Telephone #: _____

Health Card #: _____

Fax #: _____

Date of Birth: _____

Diagnosis: _____

Comments: _____

HOME OXYGEN

- Home Oxygen Assessment
*(oximetry and/or Arterial Blood Gases
if required)*
- Palliative Home Oxygen Set Up

SLEEP THERAPY

- Sleep Apnea (pre-screening)
- CPAP Trial*
- CPAP/BIPAP Set Up*
- Auto CPAP Trial*
*(*initial diagnostic study required)*

Physician's/Nurse Practitioner's Signature: _____