

# SLEEP DISORDERED BREATHING PRESCRIPTION

For Integrated Care and Tailored Treatment

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

DOB: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_



*Sleep Surgery Centre  
303 – 2963 Glen Drive  
Coquitlam, BC V3B 2P7  
Phone: (604) 941-2344*



*CanSleep Services Inc.  
406 – 2963 Glen Drive  
Coquitlam, BC V3B 2P7  
Phone: (604) 468-5854*

**Complete upper airway consultation and advice as to options and optimal management for sleep disordered breathing**

- Overnight oximetry on room air**
- Overnight oximetry on CPAP**
- CPAP trial @ \_\_\_\_\_ cmH2O**
- BIPAP trial @ \_\_\_\_\_ - \_\_\_\_\_ cmH2O**
- Dental appliance**
- Weight and lifestyle counseling**
- CPAP and mask review and advice**

Referring physician: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_