



Referral Form

FAX: 604-540-8245

PHONE: 1-888-540-8288

EMAIL: referrals@westcaremedical.com

PATIENT NAME _____ DATE OF BIRTH _____

PHONE/CELL _____ EMAIL _____

PATIENT ADDRESS _____

A REGISTERED RESPIRATORY THERAPIST FOR ALL PATIENT CARE

- AT HOME LEVEL 3 SLEEP STUDY FOR OBSTRUCTIVE SLEEP APNEA (AT NO COST TO PATIENT)
- PROCEED TO CPAP TRIAL IF RESULTS ARE POSITIVE (AT NO COST TO PATIENT)
- OXYGEN ASSESSMENT WITH A REGISTERED RESPIRATORY THERAPIST

Includes Resting, Walking and Nocturnal Oximetry

PRESCRIPTION

To Whom this may concern;

Diagnosis / Indication

This is to state that this patient is under my care for the treatment of Obstructive Sleep Apnea.

- Obstructive Sleep Apnea
- Other (specify)

To treat their condition, I have prescribed nocturnal positive airway pressure which requires the use of a CPAP / Bi Level / ASV machine.

Comments:

Without this treatment, this person could experience serious health problems. This therapy is required on an indefinite basis.

Thank you _____

PHYSICIAN SIGNATURE: _____

PHYSICIAN NAME: _____

PHYSICIAN CLINIC: _____

WEST CARE MEDICAL LOCATIONS AND EMAIL

Head Office #108-17 Fawcett Road Coquitlam, B.C., V3K 6V2 Phone: 604-540-8288 Fax: 604-540-8245	Abbotsford #404-2151 McCallum Road Abbotsford, B.C., V2S 3N8 Phone: 604-852-8505 Fax: 604-852-8578	Chilliwack 45424 Hodgins Avenue Chilliwack, B.C., V2P 1P6 Phone: 604-792-6635 Fax: 604-792-6634	Langley Willoughby Medical 0202 66th Ave, Langley, B.C., V2Y 1P3 Phone: 604-540-8288 Fax: 604-540-8245	Pitt Meadows Medical Clinic 105-19070 Loughheed Hwy, Pitt Meadows, BC V3Y 2M6 Phone: 604-540-8288 Fax: 604-540-8245	Port Coquitlam 2185 Wilson Avenue Port Coquitlam, B.C., V3C 6C1 Phone: 604-540-8288 Fax: 604-540-8245	Vancouver Oakridge Center South Medical Tower 203-650 West 41st Avenue Vancouver, B.C., V5Z 2M9 Toll Free: 1-888-540- 8288	Burnaby Station Square Medical 150-6200 Mckay Ave Burnaby, B.C., V5H 4L7 Phone: 604-540-8288
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