RESOLVE sleep health

Sleep Services Requisition
F: 1(877) 830-0437 | P: 1(866) 537-0350 | E: refer@resolvesleep.com

Patient Information		
Last Name:	First Name:	DOB (mm.dd.yy):
Address:		
City:	Province:	Postal Code:
Home Tel:	Mobile:	HCN:
Email:		

Requisition

- ☐ Sleep Education Session (FREE)
- ☐ PAP Therapy (Public or Private Pay Options)
- ☐ Oral Appliance Therapy (Private Pay)
- ☐ Cognitive Behavioral Therapy for Insomnia (Private Pay)
- ☐ Oxygen (Public and Private Pay)

PAP Therapy Order									
APAP/CPAP Therapy				**AHI:**	**BPAP Therapy**				
Mode:	☐	APAP	☐	CPAP	**Mode:**	☐	BPAP	☐	Auto-BPAP
CPAP Pressure:				cmH_2O	**IPAP / Max IPAP Pressure:**		_____		cmH2O
Min APAP Pressure:				cmH_2O	**EPAP / Min EPAP Pressure:**		_____		cmH2O
Max APAP Pressure:				cmH_2O	**Support Ramp:**	☐	Auto	☐	Off
Ramp	☐	Auto	☐	Off Min: ____.	**Other:** _____.				
Download at:	☐	1 week	☐	1 month ☐ 90 days	**Download at:**	☐	1 week	☐	1 month ☐ 90 days
EPR:									
Mask details:					**Tubing/Accessories**				
☐	Nasal Mask	☐	Nasal Pillows Mask		☐	Heated Tubing	☐	Filters	
☐	Full Face Mask	☐	Patient Choice		☐	Humidifier Chamber	☐	Chin Strap	
☐	Check Mask Fit				Other: _____.				

Prescribing Physician		
Name:		Billing Number:
Address:		
Telephone:	Fax:	Email:

Comments:

SIGNATURE: **DATE:**

Advacare inc. Sleep Therapy Products and Services | CPAP DIRECT | H.L.S. | SMG SLEEP MANAGEMENT GROUP | Complete Respiratory Care