



Courtenay: 250-897-5296

Nanaimo: 250 390-0787

Campbell River: 250-287-5296

Powell River: 604-344-1555

Dawson Creek: 250-784-6608

Fax: 1-877-816-0395

Patient Name:

Address:

Phone:

PHN:

Screening for OSA (free of charge)

Nocturnal Oximetry

Recommended →

Level III in-home sleep study including air flow, chest movement, oxygen saturation, heart rate, snoring and body position

Interpretation by physician

Proceed with trial if results are indicative of OSA

Treatment (completely free 60 day trial including mask)

Auto CPAP with Heated Humidifier _____ - _____ cm H2O
(suggested range is 6-16cm H2O)

Auto CPAP with Heated Humidifier (pressures as required)

To Whom It May Concern:

I have prescribed nocturnal continuous positive airway pressure which is delivered by a CPAP Machine for the treatment of Sleep Apnea. This will be needed on an indefinite basis.

Dr. _____

Comments:

Signature: _____ MSP# _____ Date: _____

Ask us about our **“No Patient Left Behind Policy”**