Saskatoon CPAP
#47 - 2105 - 8th Street East • Saskatoon • SK • S7H 0T8
phone: 306.974.0030 • *fax:* 306.974.0033 • *website:* saskatoon-cpap.ca • *email:* support@scscpap.ca

SCS SASKATOON CPAP SERVICES – REFERRAL FORM

- ✓ **Level III Home Sleep Test**
- ✓ **Auto CPAP Titration following Sleep Apnea diagnosis**
- ✓ **Refer to Respirologist if Home Sleep Test indicates Sleep Apnea**

☐ **CPAP Therapy Consultation [patient was diagnosed and uses a CPAP machine)**

PATIENT INFORMATION

Name:

Health Card Number:

Date of Birth:

Height:

Weight:

Gender:

Pronouns:

Phone Number:

Address:

Physician Name:

Date:

Physician Signature: _____

PHYSICIAN PLEASE FAX REFEERRAL TO SASKATOON CPAP SERVICES
TESTING COMPLETED BY APPOINTMENT ONLY