



Patient Information

Label Here

Referring Physician

Date: _____

Physician name: _____

Physician address: _____

Physician fax: _____

Physician phone: _____ Prac ID: _____

Physician signature: _____

Considered a valid prescription when signed by a physician

Copies to: _____

Is this an Urgent Request? Patient Aware of Referral?

 Yes No Yes No

Locations

Calgary NE

#201, 3151 27 Street NE
Calgary, Alberta
T1Y 0B4

T 403.235.4109

F 403.235.4147

Calgary NW

#250, 8730 Country Hills Blvd NW
Calgary, Alberta
T3G 0E2

T 403.873.0891

F 403.735.5163

Calgary SE

Sunpark Professional Centre
#225, 40 Sunpark Plaza SE
Calgary, Alberta
T2X 3X7

T 403.873.0891

F 403.873.1817

Airdrie

Towerlane Medical Clinic
Inside Shoppers Drug Mart
Next to Staples
#302, 505 Main Street S
Airdrie, Alberta

T 403.873.0891

F 403.735.5163

Red Deer

#135, 4309 52 Avenue
Red Deer, Alberta
T4N 6S4

T 403.342.0494

F 403.343.0304

Sleep

Clinical History:

- Snoring Witnessed Apnea
 Hypertension Diabetes
 Asthma/COPD Gasping

Sleep Study:

- Level III Sleep Study (*no fee*)
If positive for sleep apnea per physician interpretation, initiate auto CPAP trial
- Level I Sleep Study (Polysomnography)
(fee may be applicable)
- Auto/Adjusted CPAP Therapy
_____ cm H₂O to _____ cm H₂O
- CPAP Therapy _____ cm H₂O
- BiPAP Therapy
Mode: AVAPS _____ ST _____ Auto SV _____
IPAP _____ EPAP _____ RR _____ Ti _____

Allergy

- Allergy Consult and Testing (*tray fee applicable*)
- Consult only
- Food Allergy
- Allergy Rhinitis
- Allergies, unspecified
- Atopic Dermatitis
- Cough
- Wheezing
- Asthma
- Hives
- Immunotherapy
- Other (please specify)

Clinical Notes:

Respiratory

- Adult Pulmonary Consult
 Adult Internal Medicine Consult

Pulmonary Function Testing:

- Full Pulmonary Function
 Pre-post Spirometry

Respiratory Assessment / Home Oxygen :

- Home Oxygen Assessment- AADL Protocol
ABG, 6 Minute Walk Test and PFT
- Nocturnal Oximetry (*fee applicable*)
- Arterial Blood Gas
- Keep SpO₂ >89% or >____%
_____ Lpm x _____ Hr/day

Otolaryngology (ENT)

- Only available at Red Deer -

- Otolaryngology Consultation

Indications:

- Otitis Media Oral Cavity Lesion
 Hearing Loss Hoarseness
 Vertigo Dysphagia
 Sleep Apnea Neck Mass
 Epistaxis Tonsillitis
 Rhinosinusitis/Nasal Obstruction
 Other (please specify)

Adult Cardiology

- Holter Monitoring
 ECG (Electrocardiogram)
 24 Hour Blood Pressure Monitor