

Accredited Facility – Home Sleep Apnea Testing (HSAT)

Approved Supplier for Clients of Ministry of Social Development, Health Assistance Branch

PATIENT PRESCRIPTION FORM

Date _____

PATIENT INFORMATION

Last Name	First Name
DOB yyyy/mm/dd	Phone
Address	
Email	PHN
Preferred Language <input type="checkbox"/> English <input type="checkbox"/> Punjabi <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese	Gender <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Non-Binary _____

SLEEP APNEA/ PAP TREATMENT

OSA SEVERITY: Mild Moderate Severe AHI: _____ events/hr

CPAP Therapy For Sleep Apnea (Please Attach Diagnostic Results)

BiPAP Therapy. Indication _____

Re-Assessment (Replacement Supplies and/or Patient Education) Comment: _____

Replacement CPAP and Supplies needed for on-going treatment of OSA
 (Current machine is non-functioning /out of warranty)

24 HOUR BLOOD PRESSURE MONITORING

Ambulatory 24 Hour Blood Pressure Monitoring (a \$20 fee will be charged to the patient for this service)

PRESCRIBING PHYSICIAN/PRACTITIONER INFORMATION

Print Name	Signature	
MSP#	Phone	Fax
cc Report to:	cc Fax	
Comments (Mallampati/Special Requests):		

PLEASE SELECT PREFERRED CLINIC:

ABBOTSFORD
 302-33140 Mill Lake Rd
 T: 604-744-0115
 F: 604-744-0199

BURNABY
 601-7300 Edmonds St
 T: 604-553-7325
 F: 604-553-7355

COQUITLAM
 602-2950 Glen Dr
 T: 604-939-3270
 F: 604-939-3260

LANGLEY
 109-22314 Fraser Hwy
 T: 604-427-0307
 F: 604-427-0327

NANAIMO
 6-100 Wallace St
 T: 250-591-9936
 F: 250-591-9946

RICHMOND
 130-7360 Westminster Hwy
 T: 604-279-9066
 F: 604-279-9245

SURREY
 602-13737 96 Ave
 T: 604-590-0100
 F: 604-590-0199

VANCOUVER
 515-550 W Broadway
 T: 604-325-5667
 F: 604-325-5644

WHITE ROCK
 90-1959 152nd St
 T: 604-385-1200
 F: 604-385-1221

