CoastalSleep
SLEEP APNEA CLINICS

Central Fax: 1-877-241-9245
www.coastalsleep.ca
info@coastalsleep.ca
Est. 2002

BBB A+ rating

Accredited Facility – Home Sleep Apnea Testing (HSAT)
Approved Supplier for Clients of Ministry of Social Development, Health Assisstance Branch

PATIENT PRESCRIPTION FORM

Date _____

PATIENT INFORMATION

Last Name	First Name
DOB yyyy/mm/dd	Phone
Address	
Email	PHN
Preferred Language ☐ English ☐ Punjabi ☐ Mandarin ☐ Cantonese	Gender ☐ M ☐ F 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

BCRSPA