

**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 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** ☐  
#101-13761 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