CoastalSleep
SLEEP APNEA CLINICS

info@coastalsleep.ca
Fax: 1(877)241-9245
www.coastalsleep.ca

Patient Prescription Form

Patient Information

Last Name:	**First Name:**
PHN:	**DOB (yyyy/mm/dd):**
Address:	
Preferred Language:	**Gender:**
Phone:	**Email:**

Sleep Apnea / PAP Treatment Information

OSA Severity *(Please Attach Diagnostic Results)*:

☐ Mild ☐ Moderate ☐ Severe AHI (events per hour):

Prescription:

☐ Initiate CPAP Therapy (5-15 cmH2O)

☐ BiPAP Therapy (For use by Sleep Specialists only)

Indication: _____ Mode/Setting: _____

☐ Replacement CPAP/BiPAP and/or Supplies

☐ Other:

Comments/Mallampati:

Prescribing Physician / Practitioner Information

Name:	**MSP#:**
Phone:	**Fax:**
CC Report To:	**CC Report To:**
Signature:	**Date:**

Select Preferred Clinic

☐ **Richmond**
130-7360 Westminster Hwy
P: (604) 279-9066

☐ **Coquitlam**
602-2950 Glen Dr
P: 604-939-3270

☐ **Langley**
109-22314 Fraser Hwy
P: (604) 427 0307

☐ **Vancouver**
515-550 W. Broadway
P: (604) 325-5667

☐ **White Rock**
90-1959 152nd St
P: 604-385-1200

☐ **Nanaimo**
6-100 Wallace St
P: (250) 591 9936

☐ **Surrey**
101-13761 96 Ave
P: (604) 590-0100

☐ **Abbotsford**
303-2777 Gladwin Rd
P: (604) 744-0115

☐ **Burnaby**
601-7300 Edmonds St
P: (604) 553 7325

Directory of Accredited Diagnostic Facilities: www.cpsbc.ca/accredited-facilities/facility-directory