

SLEEP DISORDERED BREATHING REFERRAL

Please fax this form to our confidential fax line at 1-888-323-9589

Patient Name: _____ DOB: _____

Phone Number: _____

PHN: _____ Today's Date _____



Assessment for Oral Appliance Therapy in the Treatment of Obstructive Sleep Apnea

Assessment will include overnight pulse oximeter testing. Results Interpreted by a Board Certified Sleep Medicine Specialist.
Testing performed by Metropolitan Vancouver Sleep Laboratory via patient self application kit.
Metropolitan Vancouver Sleep Laboratory is fully accredited by the Diagnostic Accreditation Program of the College of Physicians and Surgeons of BC

Physicians Stamp Or Clinic Information

Comments:

Referring Physician: _____

Signature: _____

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Dr. Halstrom
Sleep Apnea & Snoring Clinics

Network

Clinics Throughout BC
www.drhalstrom.com