

P: 1-877-965-6204

P: 1-833-904-AIRE (2473)

P: 1-800-839-9046

SLEEP AND RESPIRATORY REFERRAL (BC ONLY)

GENERAL FAX: 1 866-812-0202

Preferred service provider if available in patient's area:

No preference VitalAire Independent Respiratory Services Respiratory Homecare Solutions

Patient information

Last Name: _____
 First Name: _____
 Gender: _____ | Date of Birth (mm/dd/yy): _____
 Address: _____

 City: _____ Prov: _____ Postal Code: _____
 Phone (Daytime): _____
 Alternate Contact Phone: _____
 Email: _____
 Health Card #: _____

Patient's Label

Sleep Apnea Testing and Therapy

TESTING

For Home Sleep Apnea Testing (HSAT) or a Level I sleep test, please use the BC Diagnostic Accreditation Program (DAP) referral form.

THERAPY

- Initiate PAP Therapy (Polysomnography (PSG) & specialist Consult/Rx attached)
 Initiate PAP Therapy Rx:

Approved CPAP provider for Ministry of Citizens' Services and the Ministry of Social Development and Poverty Reduction

Home Oxygen Therapy

TESTING

Patients requiring home oxygen assessment for the Provincial Home Oxygen Program: refer to your local outpatient clinic for qualification testing.

Patients not meeting Home Oxygen Program qualifying criteria are eligible for Private Pay Option with physician Rx:

RX

- Initiate O₂ therapy 1-5 LPM PRN or _____ LPM

VitalAire is the Primary Home Oxygen Program Provider in BC to the Provincial Home Oxygen Program

Diagnosis

Special Instructions

Referring Physician/Practitioner Information

- Please confirm receipt of fax

Clinic Stamp Including Fax #

Name: _____
 Signature: _____
 Prac ID: _____
 Date: _____
 Fax (Mandatory): _____
 Phone: _____
 Clinic: _____