SCS
Saskatoon CPAP Services

#202 - 610 Queen Street • Saskatoon • SK • S7K 0M8
#47 - 2105 - 8th Street East • Saskatoon • SK • S7H 0T8

SCS SASKATOON CPAP SERVICES - REFERRAL FORM

- ☑ **Level III Home Sleep Test**
- ☑ **Auto CPAP Titration following Sleep Apnea diagnosis**
- ☑ **Please Refer to Respirologist if Home Sleep Test indicates Sleep Apnea**
- ☐ **CPAP Therapy Consultation (patient was diagnosed and uses a CPAP machine)**

PATIENT INFORMATION

Name:

Health Card Number:

Date of Birth:

Height:

Weight:

Gender:

Preferred Pronouns:

Phone Number:

Address:

Physician Name:

Date:

Physician Signature:

PHYSICIAN PLEASE FAX REFERRAL TO SASKATOON OFFICE
TESTING COMPLETED BY APPOINTMENT ONLY