



#3, 3701 – 50th Ave. (Gaetz)
Red Deer, AB T4N 3Y7

#210, 5007 - 46th St.
Sylvan Lake, AB T4S 1C2
**By appointment only*

**RESPIRATORY HOMECARE
SOLUTIONS INC.**

**Phone: 403.347.6707
Fax: 403.347.6750**

RESPIRATORY THERAPY REQUISITION

Patient Information or Patient Label

Name _____ Sex M _____ F _____

PHN _____ D.O.B. (MM/DD/YY) _____

Address _____

City _____ Postal Code _____

Phone #1 _____ Phone #2 _____

Email _____

Service/Therapy Requested

Home Oxygen Assessment/Therapy Initiation (Only If Required)
• Diagnostic testing and therapy completed per Alberta Health Services (AHS), Canadian Thoracic Society (CTS), American Thoracic Society (ATS), and reviewing Respiriologist/Respiratory Therapist guidelines and recommendations

Sleep Apnea Assessment/Therapy Initiation (Only If Required)
• Diagnostic testing and therapy completed per Canadian Sleep Society (CSS), American Board Of Sleep Medicine (ABSM), and reviewing Respiriologist/Sleep Physician/Sleep Specialist guidelines and recommendations

Pulmonary Function Testing (Screening Spirometry)
• Diagnostic testing completed per Canadian Thoracic Society (CTS), American Thoracic Society (ATS), and reviewing Respiriologist/Respiratory Therapist guidelines and recommendations

Oxygen Therapy

- To maintain SPO2 greater than 89%
- _____ Lpm at rest
- _____ Lpm on exertion
- _____ Lpm at night

CPAP/Bi-level Therapy

- Auto-titrating
- Continuous pressure at _____ cmH2O
- Bi-level at IPAP _____ cmH2O and EPAP _____ cmH2O

Aerosol Therapy

- High Humidity Therapy
- Suction Therapy

Other _____

Special Instructions/Notes _____

Physician Phone _____ Physician Fax _____

Referred by Dr _____ Date _____

Please Print Name

Physician Signature

MM/DD/YY

**IN ORDER TO PROCEED, PLEASE REVIEW, SIGN &
RETURN VIA FAX: 403.347.6750**

Service for life.TM

