HOME SLEEP TEST REFERRAL

NOTE: Referrals with Brain Injury, Stroke, COPD, Coronary Heart Disease, or Congestive Heart Failure benefit most from an in-hospital sleep test.

- ☐ OSA Level 3 Overnight Sleep Test and Interpretation
- ☐ Level 2 Overnight Sleep Test and Interpretation
- ☑ Sleep Medicine or ENT Consultation As Indicated
- ☑ APAP Titration (if requested)

Medigas
Manitoba Limited
An Innovair Group Company

150 McPhillips St., Winnipeg, MB R3E 2J9
[p] 204-786-CPAP (2727) **[TF]** 1-855-766-7388
[f] 204-786-1972 **[e]** CPAP@medi-gas.com
[w] medi-gas.com

Remologie

150 McPhillips St., Winnipeg, MB R3E 2J9
[p] 204.786.2727 **[e]** support@remologie.com
[w] remologie.ca

PATIENT INFORMATION		
Last Name:	**First Name:**	
Address:		
Home Phone:	**Work Phone:**	**Cell Phone:**
Email:		
Birth Date (DD/MMM/YYYY):	**Height (cm):**	**Weight (kg):**
Referral Reason (insert below):	**Sleep Symptoms/History:**	

Comments – Relevant Medical History and Medications

REFERRING PHYSICIAN INFORMATION		
Name:	**Clinic Name:**	**Address:**
Phone:	**Fax:**	**Email:**

Physician Signature **Date**

REV: MAY 16, 2021