

**Overnight Oximetry Clinic**  
**Outpatient Requisition**  
FAX completed form to: 370-8346

Name:	History/Diagnosis
PHN:	
MRN:	
Address:	
	Comments:
Phone No.:	
DOB:	
Requesting Physician:	
Physician's Signature:	
Family Physician:	
Additional Copies to:	
Interpreting Physician:	
For: <input type="checkbox"/> <input type="checkbox"/> Snoring—sleep apnea screening <input type="checkbox"/> <input type="checkbox"/> Assessing O2 needs <input type="checkbox"/> <input type="checkbox"/> Pre-op obesity surgery	<input type="checkbox"/> <input type="checkbox"/> On R/A <input type="checkbox"/> <input type="checkbox"/> O2 <input type="checkbox"/> <input type="checkbox"/> Flow Rate _____
<p><b><u>NB:</u></b>  <b>OVERNIGHT OXIMETRY INSTRUCTIONAL CLASSES ARE HELD AT 10:00AM AND 2:00 PM, MONDAY TO THURSDAY. TO FACILITATE THE OPERATION OF THE CLINIC, PLEASE ENSURE THAT PATIENTS ARE AWARE OF THEIR CLASS TIME. IF CANCELLATION OR REBOOKING IS NECESSARY, PLEASE CONTACT THE OVERNIGHT OXIMETRY CLINIC AT LEAST 24 HOURS IN ADVANCE. (250) 370-8183</b>  <b>ALSO NOTE THAT TEST IS DONE IN THEIR OWN HOME. WE ARE LOCATED IN SOUTH 1 (OLD TOWN)</b>  <b>THANK-YOU!</b></p>	
Do not write below this line. For Overnight Oximetry Clinic Use Only.	