



EC #

Overnight Oximetry Clinic

Outpatient Requisition

Phone: 250-370-8183 Fax: 250-370-8346

Name:	History/Diagnosis:
PHN:	
MRN:	
Address:	
	Comments:
Phone:	
DOB:	
Requesting Physician:	FAX #:
Family Physician:	
Additional Copies to:	
Interpreting Physician:	
Reason for exam:	Prescription:
<input type="checkbox"/> Snoring – sleep apnea screening	<input type="checkbox"/> Room air
<input type="checkbox"/> Assessing O2 needs	<input type="checkbox"/> O2 LPM
<input type="checkbox"/> Pre-op surgery	<input type="checkbox"/> CPAP <input type="checkbox"/> BiPAP
<i>Please do not write below this line. For Overnight Oximetry Clinic use only. Thank you.</i>	