



Maritime Asthma & Respiratory Care

Medical Oxygen & Home Care Equipment

Phone/Fax: Charlottetown 626-3376 Kensington 836-3376 Toll Free: 1-866-886-3376
1125 Rustico Road, Charlottetown, PE C1E 0X6

Physician Referral Form

Patient Information:

Name: _____ Phone: _____

Address: _____

Postal Code: _____ PHN: _____

Referring Physician:

Name: _____ Phone: _____

Address: _____

Oxygen Therapy:

____ Home O2 at ____ lpm ____ continuous ____ PRN

____ Portable O2 at ____ lpm ____ PRN

____ Maintain SpO2 > _____ %

____ Assess for O2 Therapy

Sleep Therapy:

____ Overnight oximetry screening on room air **OR** on O2 at ____ lpm

____ Repeat overnight oximetry

____ Alice Night One (Level 3) on room air

____ Auto-CPAP for OSA

____ CPAP at ____ cmH2O

____ Auto BiPAP **OR** ____ BiPAP (Insp ____ cmH2O/Exp ____ cmH2O)

Other (e.g. aerosol, PEP, Acapella, etc.):

Physician Signature: _____ Date: _____