

Head Office 8995 Commercial Street New Minas NS B4N 3E3 Phone: (902) 681-0202

Fax: (902) 417-1558

## LEVEL III SLEEP STUDY REFERRAL

Please fax to:			
□ New Minas/ Head Office	□ Yarmouth Office		☐ Sydney Office
(902) 417-1558	(902) 742-6444		(902) 564-0919
☐ Antigonish Office	□ Lower Sackville		☐ Amherst Office
(902) 863-8032	(902) 252-3170		(902) 660-2051
Name:		DOB:	
Address:		Phone:	
Height:		Weight:	
J			
Comorbidities:			
□ None	□ Diabetes		□ CHF
□ COPD	□ Stroke/TIA		□ Afib
☐ Hypertension	□ Other		
* Please complete medical information	section as this is used	d to properly triage p	patients.
Please complete Level III Slee	n testing for the	ahove-mentio	ned natient
ricase complete Level in Siec	p testing for the	above mentio	nea patient.
 Date			Physician/Nurse Practitioner
Date			i iiysiciaii/ivui se ri actitionei

Email: customerservice@family1st.ca Toll Free: 1-800-565-2021 www.family1st.ca