FAMILY 1st MEDICAL

Respiratory and Mobility Solutions

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 (902) 417-1558*	☐ *Yarmouth Office (902) 742-6444*	☐ *Sydney Office (902) 334-2852*
☐ *Antigonish Office (902) 863-8032*	☐ *Bedford Office (902) 417-1541*	☐

Name:	**DOB:**
Address:	**Phone:**

Height:	**Weight:**	
Comorbidities:		
☐ None	☐ Diabetes	☐ CHF
☐ COPD	☐ Stroke/TIA	☐ Afib
☐ Hypertension	☐ Other _____	

* Please complete medical information section as this is used to properly triage patients.

Please complete Level III Sleep testing for the above-mentioned patient.

_____ Date

_____ Physician/Nurse Practitioner