



4581 Hwy #7, Unit 101
 Markham, ON L3R 1M6
 Tel: 905.709.2297
 Fax: 905.709.5113

PATIENT INFORMATION

Name: _____
 Address: _____
 Telephone: _____ (Business) _____ (Cell) _____
 Family Member / Contact: _____ Phone: _____
 OHIP # _____ V.C. _____ Date of Birth: _____
 DIAGNOSIS: _____ AHI: _____

PERScription

- Overnight oximetry over _____ days.
- Initiate CPAP @ _____ cm H2O.
- Initiate APAP @ _____ cm H2O.
- Initiate BiPAP @ IPAP _____ cm H2O, EPAP _____ cm H2O.
- Clinical education required.
- Pressure Change _____ cm H2O.

SPECIAL INSTRUCTIONS: _____

PRESCRIBING PHYSICIAN

DATE: _____
 PHYSICIAN: _____
 PHONE # _____ PHYSICIAN (SIGNATURE) _____

ADDITIONAL WALK-IN LOCATIONS

Markham
 4581 Hwy #7 E.
 Unit 101
 Markham, ON
 L3R 1M6

Richmond Hill
 9005 Leslie Street
 Unit 107
 Richmond Hill, ON
 L4B 1G7

Scarborough
 4190 Finch Avenue E.
 #LL08
 Scarborough, ON
 M1S 4T7

Newmarket
 12 Main Street S.
 Newmarket, ON
 L3Y 3Y2

Vaughan
 200 Windflower Gate
 Unit AA5
 Woodbridge, ON
 L4L 9K8

Toronto
 1240 Bay Street
 Suite 916
 Toronto, ON
 M5R 2A7

Windsor
 280 Edinborough Street
 Unit 4
 Windsor, ON
 N8X 3C4