



2nd Floor, Marlborough Mall
280, 433 Marlborough Way NE
Calgary, Alberta T2A 5H5
T 403.235.4109
F 403.235.4147



Patient Information

Label Here

Referring Physician

Date: _____
 Physician name: _____
 Physician address: _____
 Physician number: _____
 Physician signature: _____
Considered a valid prescription when signed by a physician
 Copies to: _____

Urgency

- ASAP Urgent (within 2 weeks) Semi-Urgent (more than 2 weeks) Phone Consult - Call 403.235.4109 to request

Sleep | Respiratory

Is the patient aware of the referral?

- Yes No

Consultation Required:

- Adult Pulmonary Consult
Reason _____

Sleep Study:

- Level III Sleep Study
If positive for Sleep Apnea per physician interpretation, initiate auto CPAP trial.
- Auto/Adjusted CPAP Therapy
at _____ cm H₂O
to _____ cm H₂O
- CPAP Therapy
at _____ cm H₂O

Pulmonary Function Testing:

- Full Pulmonary Function
 Pre-post Spirometry

Respiratory Assessment:

- Arterial Blood Gas
 Assessment for Home Oxygen
 Nocturnal Oximetry
 Exertional Oximetry

Cardiology Consult and Examinations

Consultation Required:

- Cardiology
 Internal Medicine
 Endocrinology
 Heart Function Clinic

Indications: *Please check all that apply:*

- Abnormal ECG
 Murmur
 Chest pain
 Shortness of breath
 Palpitations / Arrhythmias
(suspected/known history of arrhythmias)
 Edema / PND / Orthopnea
 Hypertension / Left ventricular hypertrophy
 Pulmonary Hypertension
 Cardiovascular risk assessment
(i.e. plaque presence, carotid intimal medial thickness)
 Syncope / Presyncope / Vertigo / Dizziness
 Stroke / TIA
 Carotid bruit
 Follow-up of known carotid stenosis
 Post-surgical angiographic intervention follow-up
 Reproductive Medicine
 Diabetes
 Hypo / Hyper Thyroid
 Hormone Health
 CAD / CHF

Cardiology Examination(s) Required:

- Echocardiogram
 Carotid Ultrasound
 Exercise Stress Test
 Stress Echocardiogram
(needs Cardiology consult)
 24 Hour Holter Monitor
 48 Hour Holter Monitor
 24 Hour BP Monitor (\$25.00 Charge)
 ECG - Electrocardiogram
 ABI (Ankle Brachial Index)

Clinical Notes:

Please fax recent lab investigations, including Lipids and ECG to 403.235.4147

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