Medical Director: Dr. Claude Poirier
apneesante.com
info@apneesante.com
1-800-727-8748

Medical Referral

Patient	Referring doctor
Name: _____	**Name:** _____
Date of birth: _____	**Date:** _____
Telephone: _____	**License number:** _____
Address: _____	**Address:** _____

Diagnostic Tests

- ☐ **Home Sleep Test (cardio-respiratory test) with case management protocol by respirologist**
  Case management protocol by respirologist includes: Consultation with respirologist after the diagnostic test, CPAP treatment if needed with follow up reports read by respiratory therapist.
- ☐ **No case management protocol**
- ☐ **Polysomnography with EEG in laboratory**
  Split-night with CPAP study (continuous positive airway pressure) if a patient has moderate to severe sleep apnea.
- ☐ **Re-evalution of CPAP treatment**
  CPAP titration with consultation of respirologist
- ☐ **Nocturnal Oximetry (screening test)**
- ☐ **Medical consultation with respirologist**

Clinical Information

☐ Snoring	☐ Observed apneas	☐ Hypertension	☐ Heart disease
☐ Somnolence/fatigue	☐ Nighttime gasping	☐ Diabetes	☐ Depression

Others: _____

To make an appointment contact:

Pointe-Claire
Tel (514) 695-4848
Fax (514) 695-4308

Châteauguay
Tel (450) 691-9494
Fax (450) 691-3930

Valleyfield
Tel (450) 322-0267
Fax (450) 322-0268

Mascouche
Tel (450) 313-0334
Fax (450) 313-0335

Sainte-Thérèse
Tel (579) 477-4045
Fax (579) 477-4046

Longueuil
Tel (450) 396-7878
Fax (450) 396-7879

Delson
Tel (450) 290-0232
Fax (450) 290-0233

Vaudreuil
Tel (450) 319-0334
Fax (450) 319-0335

Laval
Tel (450) 239-0590
Fax (450) 239-0589