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PulseAir is a partnership of
Edmonton Cardiology Consultants
and Advanced Respiratory Network.

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: _____

Sleep

Is this request urgent?

- Yes No

Sleep Study:

- Level III Sleep Study
If positive for sleep apnea per physician interpretation, initiate auto CPAP trial
- Auto/Adjusted CPAP Therapy
_____ cm H₂O to _____ cm H₂O
- CPAP Therapy _____ cm H₂O
- BiPAP Therapy Auto SV
IPAP ____ EPAP ____/____ RATE ____

Respiratory

- Pulmonary Consult
- Pediatric Pulmonary Consult
- Sleep Study with Pulmonary Consult

Pulmonary Function Testing:

- Full Pulmonary Function
- Pre-post Spirometry
- PFT with Pulmonary Consult

Respiratory Assessment:

- Assessment for Home Oxygen
- Nocturnal Oximetry
- Exertional Oximetry
- Arterial Blood Gas
- Provide Home Oxygen Therapy
_____ LPM x _____ hours/day

Allergy

- Allergy Consult and Testing

Cardiology Consult and Examinations

Consultation Required:

- Cardiology
 - Rapid Chest Pain Clinic
 - Cardio Pulmonary Consult
 - Stress Test with
Cardiology Consult
 - Echocardiogram with
Cardiology Consult
- Urgency:**
- Rapid Access (24-48 hours)
 - Urgent (within 1 week)
 - Semi-Urgent (more than 2 weeks)
 - Routine Consult

Cardiology Examination(s) Required:

- Echocardiogram
- Exercise Stress Test
- 24 Hour Holter Monitor
- 24 Hour BP Monitor (\$80)
- ECG (Electrocardiogram)

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
- Post MI
- Post CABG/Valve intervention/
PCIP Stent follow-up
- Stroke/TIA
- Syncope/Presyncope
- Dizziness

Clinical Notes:

Please fax recent lab investigations, including Lipids and ECG to 780.784.2182

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