



Courtenay: 250-897-5296  
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Fax: 1-877-816-0395  
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Patient Name:  
Address:  
Phone:

Screening for OSA (free of charge)

Nocturnal Oximetry

Recommended  7 Channel in-home sleep study including air flow, chest movement, oxygen saturation, heart rate, snoring and body position

Interpretation by physician

Proceed with CPAP therapy if results are indicative of OSA

Treatment (completely free 60 day trial including mask)

Auto CPAP with Heated Humidifier \_\_\_\_ - \_\_\_\_ cm H<sub>2</sub>O  
(suggested range is 6-16cm H<sub>2</sub>O)

Auto CPAP with Heated Humidifier (pressures as required)

To Whom It May Concern:

This is to state that this person is under my care for the treatment of obstructive sleep apnea. I have prescribed nocturnal continuous positive airway pressure, which is delivered by a CPAP machine.

Without this treatment, serious health problems may develop and therefore, the machine will be needed on an indefinite basis.

Comments:

Dr. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ MSP: \_\_\_\_\_