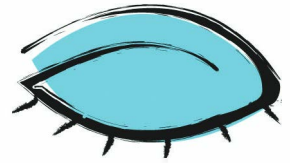


# Patient Referral Form



ARIA MD  
Sleep Centre

Patient Information: (place patient label here)

Reason for referral (please check boxes that apply):

- excessive snoring     apneas     increased BMI     Morning Headaches  
 Daytime Somnolence     Hypertension     Diabetes    Other: \_\_\_\_\_

Patient Contact Information:

Phone (main): \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Referring Physicians Orders:

- Adult Home Sleep Apnea Test with CPAP titration for positive results  
 Adult Home Sleep Apnea Test and ENT referral (must include consult letter to Physician for ENT referral)  
 Other (please specify): \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Date (dd/mm/yy): \_\_\_\_\_

Referring Physician Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please Fax Referrals to Central Booking: 780-784-1354**  
(Please check for location preference)

Edmonton Downtown

Edmonton South

St. Albert

*\*We do not accept pediatric referrals.*

## **EDMONTON DOWNTOWN**

10126 - 111st NW  
P: 780 - 784 - 1353  
F: 780 - 784 - 1354

## **EDMONTON SOUTHSIDE**

110 - 6925 Gateway Blvd NW  
P: 780 - 809 - 0882  
F: 780 - 809 - 2799

## **ST. ALBERT**

103 - 225 Carleton Dr.  
P: 780 - 591 - ARIA (2742)  
F: 780 - 591 - 2744