



YOUR OXYGEN PROVIDER
We Be Lung Together Inc.
 #114, 4310 33 St.
 Stony Plain, Alberta T7Z 0A8
Phone 780-321-0202
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PEDIATRIC OVERNIGHT NON-DIAGNOSTIC OXIMETRY REQUISITION

Patient Information

Surname:		Given Name:	
PHN:	DOB:	Sex: M F	
Height: Cm _____ (or) In _____		Weight: Lbs _____ (or) Kgs _____	
Parent/Guardian:		Phone #:	
Address:		City:	
Prov:		Postal Code:	
Medical History:			
Medication:			

Reason for request: (Select all applicable)

- | | |
|---|--|
| <input type="checkbox"/> Snoring | <input type="checkbox"/> Bed Wetting |
| <input type="checkbox"/> Nightmares | <input type="checkbox"/> Dry Mouth in Morning |
| <input type="checkbox"/> Teeth Grinding | <input type="checkbox"/> Waking with Headaches |
| <input type="checkbox"/> Difficulty Concentrating | <input type="checkbox"/> Increased napping |
| <input type="checkbox"/> Daytime Fatigue | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Prescriber Name:

Prescriber Signature

Date _____

Phone # _____

Forward results to Dr _____ @ Clinic _____