



# MagGas Medical Inc.

154 Norfinch Drive, Unit #1, Toronto, Ontario, M3N 1X6  
Tel: (416) 410-0200 Toll Free: 1 (877) 907-0202 Fax: (416) 650-9443

**SLEEP THERAPY REQUISITION OF SERVICES**  
**FAX TO: (416) 650 - 9443**

<b>PATIENT INFORMATION (PLEASE PRINT)</b>		
Last Name	First Name	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Address		
City	Province	Postal Code
Home Tel #		Work Tel #
Health Card #		Date of Birth

<b>CPAP / BI-LEVEL / APAP THERAPY</b>		
<input type="checkbox"/>	Initiate CPAP Therapy at	cm H2O
<input type="checkbox"/>	Initiate Bi-Level Therapy at IPAP	cm H2O - EPAP      cm H2O - Rate
<input type="checkbox"/>	Initiate APAP Therapy at Min.	cm H2O - Max.      cm H2O
<input type="checkbox"/>	Heated Humidification	
<input type="checkbox"/>	Pressure Change	
<input type="checkbox"/>	Clinical Consultation	
<input type="checkbox"/>	Trial	
<input type="checkbox"/>	Replacement CPAP accessories	
<input type="checkbox"/>	Therapy Data Download/Compliance Report	
<b>Other / Special Instructions:</b>		

Physician Name \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_