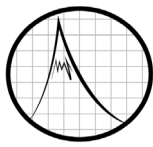




PEAK MEDICAL
SPECIALTY CENTRES



PEAK PULMONARY
FUNCTION LABORATORIES

PEAK MEDICAL GROUP

Local Phone Number: 587-797-1937

MEDICINE HAT REFERRAL FORM



PEAK SLEEP
CLINIC



PEAK RESEARCH
GROUP

PATIENT DEMOGRAPHICS (PLEASE PRINT OR AFFIX LABEL)

Name: _____ Address: _____
 Date of Birth: _____ Provincial Healthcare Number: _____
 Contact Phone Numbers (Home/Work/Cell): _____

TESTS AND SERVICES REQUESTED

- Full Pulmonary Function Testing (Spirometry with Pre and Post Bronchodilator, Diffusion, Lung Volumes)
Repeat Annual Testing? Yes No
- Spirometry
- Spirometry and Diffusion Capacity (DLCO)
- Sleep Apnea Testing and Treatment (Level 3 Sleep Study, Assessment, Auto CPAP Trial and Treatment)
- Methacholine Challenge Testing (Requires Respiriology Consult with Consultation Letter)
- Xolair Injection (Requires Respiriology or Allergy Consult with Consultation Letter)
- Inhaler Technique Consult with Certified Respiratory Educator
- Smoking Cessation Consult with Certified Respiratory Educator

PHYSICIAN COMMENTS, CURRENT MEDICATIONS, AND SMOKING HISTORY

- Current Smoker Ex-smoker Non-smoker

CONSULTATIONS (LETTER REQUIRED)

- Respiriologist Consultation
- Allergist Consultation (Calgary)
- Internal Medicine Consultation (Calgary)
- Sleep Medicine Consultation (Calgary)
- Occupational Medicine Consultation (Calgary)
- Physical Medicine and Rehabilitation (Physiatry) Consultation (Calgary)
- Pediatric Infectious Disease Consultation (Calgary)

CLINIC AND REFERRING PHYSICIAN (PLEASE PRINT OR STAMP)

Clinic Name: _____

Clinic Phone: _____

Clinic Fax: _____

Referring Doctor (please print): _____

Signature: _____

- Continuum of Care for this patient only

Please check our web page for details

Please note there is no cost to the patient for any of the services listed.

We will contact the patient to book the appointment.

Please see reverse side for additional information.

REASON FOR TESTING

- Query Asthma
- Evaluate Asthma
- Query COPD
- Evaluate COPD
- Interstitial Lung Disease
- Occupational Lung Disease
- Chronic Cough
- Sleep Apnea
- Sarcoidosis
- Bronchiectasis
- Alpha 1-Antitrypsin
- Other

LOCATION

Peak Pulmonary Function Laboratory - #311, 770 6th Street SW, Medicine Hat, T1A 8M7

CALGARY North

Crowfoot Location:

Respirology

- First Available (All locations)
- Dr Ehsan Janbey (Prac ID 679517208)

Pediatric Infectious Diseases

- Dr Cora Constantinescu (Prac ID 480099208)

Internal Medicine

- Dr Mohamed Jahandardoost (Prac ID 657292208)

Physiatry

- Dr Nwamara Dike (Prac ID 206902208)

Hamptons Location:

Environmental Allergy, Food Allergy and Urticaria

- First Available (All locations)
- Dr Michael Sorg (Prac ID 175687208)

*also sees for Vaccine & Venom Allergy

- Dr Arjun Rash
- Dr Doug Mack

Drug and Penicillin Allergy

- Dr Collin Terpstra (Prac ID 420528208)

CALGARY South

Shawnessy Location:

Respirology

- Dr Anthony Dechant (Prac ID 650618208)

Sleep Medicine

- Dr Anthony Dechant (Prac ID 650618208)

Occupational Medicine

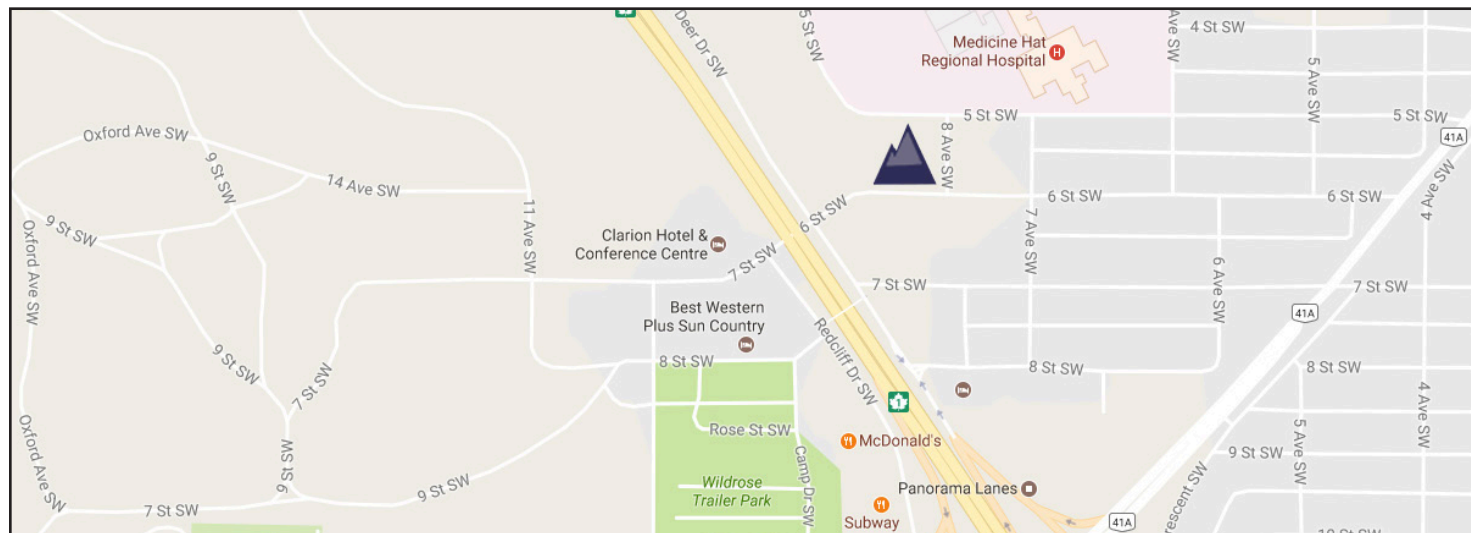
- Dr Matthew Lauzon (Prac ID 488297208)

Lincoln Park Location:

Respirology

- Dr Warren Davidson (Prac ID 798611208)

MEDICINE HAT



- If patient is unable to keep their appointment, they should call our office at 587-797-1937 as soon as possible. Peak Pulmonary Function Laboratories and Peak Medical Specialty Centres respectfully requests at least 48 hours' notice for cancellations.
- When requesting a consultation, please provide referral letter and pertinent patient medical history.
- All respiratory testing includes oximetry, education for the patient, and Respirologist interpretation and recommendations.
If your office/clinic requires more Requisition Pads and/or Patient Information Sheets,
please call our office at 587-797-1937, email us at info@peakpulmonary.com,
or download additional copies at www.peakpulmonary.com