

# ORDER FORM FOR OVERNIGHT OXIMETRY

**Physician name:** \_\_\_\_\_

Physician fax #: \_\_\_\_\_

**Signed** physician order included and faxed to 1-306-343-7007

**Client's name:** \_\_\_\_\_

PHN: \_\_\_\_\_

Client on oxygen: Yes/No/Unknown

If yes, circle type of O<sub>2</sub>: Nocturnal/Exertional/Continuous

SAIL renewal date: \_\_\_\_\_

Client is considered stable as per SAIL guidelines: Yes/No

**Tester or contact name:** \_\_\_\_\_

Tester or contact phone #: \_\_\_\_\_

Tester #: \_\_\_\_\_

*Address for shipping oximeter:*

**Health Region:** \_\_\_\_\_

Business name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City or Town: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Fax attention to Jaimie at:

(306) 343-7007

or

Call direct: (306) 667-3012