The Snore Centre (Head Office)

102, 6707 Elbow Drive SW Calgary, AB T2V 0E3

**P:** 587-353-3390 **F:** 587-353-3392

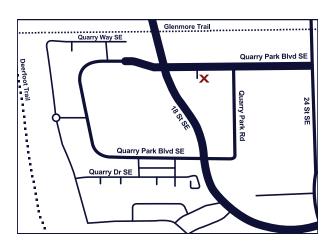
E: referrals@thesnorecentre.com



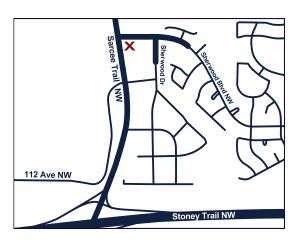
## Sleep-Disordered Breathing Consultation Form

**F:** 587.353.3392

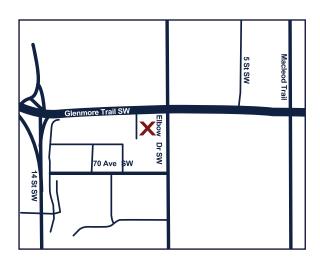
1.007.0	33.3372
Patient Information or Patient Label	Date:///
Last Name  First Name  Address  Town/City  Postal Code  Date of Birth (mm/dd/yyy)	Home Phone  Cell Phone  Business Phone  Email  Preferred Method of Contact  Gender M F F
Referring Doctor or Office Label	
Clinic Name  Address  Phone	Dr
Fax	Signature
Reason(s) for this Consult  Snoring  Breathing pauses or choking episodes at night  TMD Consultation  Treatment follow-up  CPAP non-compliance  MATRx Testing  Additional Comments and Patient History	Other Conditions  Cardiovascular disease  Diabetes  High blood pressure  History of recent weight gain  Depression  Other:
Day Month Year app  Form Received:/	ent was reminded to arrive 30 minutes before the pointment and bring: ist of medications Any previous sleep studies / reports Any relevant information, such as CPAP report, etc.



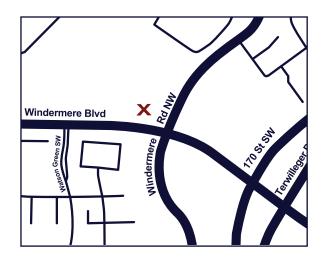
The Snore Centre Quarry Park 210, 163 Quarry Park Blvd. SE Calgary, Alberta T2C 5E1



The Snore Centre Beacon Heights 230, 12024 Sarcee Trail NW Calgary, AB T3R 0J1



The Snore Centre Mayfair \*patients are not seen at this location 102, 6707 Elbow Drive SW Calgary, AB T2V 0E3



The Snore Centre Windermere 201, 5540 Windermere Blvd NW Edmonton, AB T6W 2Z8