



Nocturnal Oxygen Testing - Communication Form

Please read the included *Nocturnal Oxygen Testing Instructions* document.

Tester: Please ensure all sections of this form are completed and that client is *STABLE*.

Client: Fill out time oximeter on/off, time oxygen applied, and #4.

1. Client information

Name: _____

Health Card Number: _____

Home Oxygen Company (if applicable)*: Careica Medigas Prairie Oxygen/Vitalaire

Non-Insured Health Benefits (NIHB/Treaty): Yes No

Client's date of birth (month/day/year): _____ Male Female Other

Reason for testing (e.g. diagnosis/renewal testing): _____

2. Prescriber's name (physician or nurse practitioner): _____

Prescriber's fax number: _____

3. Please check the appropriate box and chart accurate date:

Room air (no oxygen) test Date: _____

Time oximeter on (bedtime): _____

Time oximeter taken off (usually morning): _____

Wearing: CPAP or BiPAP NA

Oxygen test Date: _____

Oxygen flow (e.g. 2 LPM): _____ LPM Via: Concentrator Cylinder
Portable concentrator not recommended for nocturnal tests

Time oxygen on: _____

Time oximeter on (bedtime): _____

Time oximeter taken off: _____

Wearing a CPAP or BiPAP NA

4. **Tell us about your night:** How did you sleep? Did you wake up? What time? Did you snore? Etc.

Room air test: _____

Oxygen test: _____

5. **Tester name & number:** _____

Fax number: _____

**It is the responsibility of the health authority for the return shipping payment to
Lung Saskatchewan, 2308 Arlington Avenue, Saskatoon SK S7J 3L3**

*test results will be forwarded to the physician, tester, and home oxygen company