

Request for Remote Ventilator Data Reports

Patient Name

Last Name	First Name	D.O.B. (yyyy/mm/dd)
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_____ Complete Address

Date of Request

yyyy/mm/dd

Select Ventilator Device

Remote Oximetry

A40 _____	If used with O2, indicate LPM	_____
Air Curve _____	If used with O2, indicate LPM	_____
Stellar _____	If used with O2, indicate LPM	_____
Trilogy _____	If used with O2, indicate LPM	_____

Select Report Period/Type of Report Required

Summary

Detailed

Last 7 days Last 30 days Specify Date Range: _____

yyyy/mm/dd - yyyy/mm/dd

Person Requesting Report

Name	Title
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Phone #	Fax #	Email
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Please send completed form by fax to: 1-613-548-6157

Please Note:

Remote ventilator data reports will only be sent to a secure email address or by fax.