



640 Cataraqi Woods Drive | Unit 6  
| Kingston, Ontario | K7P 2Y5  
Tel: 613-548-6156 | Fax: 613-548-6157  
Toll-Free in Ontario: 1-800-633-8977

## Request for Remote Ventilator Data Reports

### Patient Name

\_\_\_\_\_  
Last Name First Name D.O.B. (yyyy/mm/dd)

\_\_\_\_\_  
Complete Address

Date of Request

\_\_\_\_\_  
yyyy/mm/dd

### Select Ventilator Device

### Remote Oximetry

**A40** \_\_\_\_\_ If used with O<sub>2</sub>, indicate LPM \_\_\_\_\_

**Air Curve** \_\_\_\_\_ If used with O<sub>2</sub>, indicate LPM \_\_\_\_\_

**Stellar** \_\_\_\_\_ If used with O<sub>2</sub>, indicate LPM \_\_\_\_\_

**Trilogy** \_\_\_\_\_ If used with O<sub>2</sub>, 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

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Fax #

\_\_\_\_\_  
Email

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.