

Dr. John L. Corbett  
Credentialled Sleep Physician



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Credentialled Sleep Physician

## CPAP TITRATION STUDY – CONSENT FORM

**Please write in black ink pen and bring with you to your sleep-study.**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_ Phone (Mobile): \_\_\_\_\_

I hereby consent to: a polysomnographic sleep study and video recording of myself during the study, my medical details and sleep report(s) being released to the referring medical practitioner(s) and to any other medical professional(s) to whom I am referred in the future. I also give consent for SNORE Australia Pty Ltd to obtain my medical records from other health professionals.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### **Permission to be contacted by Air Liquide Healthcare (Equipment-Supply Company)**

Air Liquide Healthcare is a CPAP equipment-supply company that SNORE Australia Pty Ltd recommends to patients as their preferred supplier. This group rents space at most SNORE Australia premises. It offers (free) personal appointments to discuss CPAP mask and equipment options, and provides a high level of patient support regarding CPAP therapy.

For your convenience, SNORE Australia Pty Ltd is willing to forward your contact details (including your CPAP script, which provides details of your CPAP mask and pressure requirements) to Air Liquide *Healthcare*, so that you can be contacted to make an appointment. You have **no obligation** to deal with this supplier – this choice and the final decision on whether or not to proceed to CPAP treatment will **always** be yours).

**I consent** to my contact details and CPAP script being released by SNORE Australia Pty Ltd to a CPAP equipment-supply company so that they can contact me in order to offer suitable arrangements.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

OR

**I do not consent** to my contact details or CPAP script being released by SNORE Australia Pty Ltd to a CPAP equipment-supply company. I understand that it will then be my own responsibility to find a suitable CPAP equipment-supplier myself, and organise with them my requirements for CPAP treatment.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

If you have any further questions, please contact SNORE Australia Pty Ltd on (07) 5557 0055 or 1800 0 SNORE (1800 076 673) (toll-free), or send an email to [snore@snore.net.au](mailto:snore@snore.net.au). Additional information on CPAP treatment is available on our website: [www.snoreaustralia.com.au](http://www.snoreaustralia.com.au).