

AvantRespiratory

SLEEP CONCERNS? WE CAN HELP!

Do any of these sound familiar?

- Tired / Fatigue
- Loud or frequent snoring from yourself or bed partner
 - Daytime sleepiness or napping
 - Waking up gasping or choking
- Resistant to weight loss or weight gain
- Living with high blood pressure, diabetes, heart conditions
 - Trouble tolerating CPAP or not feeling better

FULL NAME	EMAIL ADDRESS
PHONE NUMBER	FAMILY DOCTOR (IF APPLICABLE)
MAIN SLEEP CONCERN OR REASON FOR INQUIRY	
MEDICAL HISTORY - OPTIONAL	
HOW DID YOU HEAR ABOUT US? SOCIAL MEDIA, FRIEND, FAMILY, DOCTOR	



Call



Email



Fax

Complete this form by using the QR Code or provide us with the information above and our Team will follow-up on your inquiry.



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Fredericton

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