

OXYGEN ORDER

Physician: _____ NPI Number: _____ Address: _____ City, State, Zip: _____ Phone Number: _____ Fax Number: _____ MD Signature _____ Date _____	Patient Name: _____ DOB: _____ Diagnoses ICD10: _____ Order Date: _____
Oxygen & Respiratory Equipment	Testing
Equipment: ☐ Oxygen Concentrator (Home Unit) ☐ Oxygen Portable (LG tank w/ cart) ☐ Oxygen Portable Conserving Device ☐ Portable Concentrator (Battery operated) ☐ Oxygen back up system (for Noc O2) ☐ Humidifier (recommended for > 4 LPM) Liter/Minute At Rest _____ With Exertion _____ Length of Need ☐ 3 months ☐ 12 months (Lifetime) ☐ Other: _____ Frequency: ☐ Continuous (24/7) ☐ Nocturnal- there must be a completed overnight oximetry to qualify Via: ☐ Nasal Cannula ☐ Oxymask ☐ Simple Mask (Minimum 5 LPM to qualify)	Date of testing: _____ MEDICARE+PRIVATE INS → O2 SAT (SaO2) O2 SAT: _____ *Must be 88% RA @ rest, or less, to qualify *Must be 88%, or less, on 4lpm @ rest for high flow MEDI-CAL → ABG (PaO2) ABG: _____ *If Medi-Cal, only ABG (PaO2) is accepted for adult patients +Must be 55 mm Hg or less to qualify EXERTION TESTING → O2 SAT above 88% If the Patient is Above 88% On room air @ rest (see 1 below), Immediately complete the testing (see 2 + 3 below): O2 SAT on Room Air: _____; Room Air at rest SAT above 88% Exertion w/o O2: _____; Room Air, with exertion, showing a SAT dropping to 88% or below Exertion on O2: _____ On Oxygen, with exertion, showing an improvement in SAT level.