

A-1 OXYGEN

INTAKE/RX FORM CONFIDENTIAL

PHONE (818) 501-5777

FAX (818) 501-5778

DATE OF SERVICE _____

DEMOGRAPHICS:

Name _____ Phone () _____ SSN _____ DOB _____

Address _____ City _____ Zip _____ Sex Female Male

Emergency Contact _____ Relationship _____ Phone () _____

INSURANCE INFORMATION:

Medicare No. _____ Private _____ PPO EPO Phone () _____

Policy/ID No. _____ Secondary Insurance No. _____ Phone () _____

Cardholder Name _____ Cardholder ID No. _____

DIAGNOSIS:

496 COPD 492.8 EMPHYSEMA 493.90 ASTHMA OTHER _____

428.0 CHF 416.9 COR PULMONALE 491.9 CHRONIC BRONCHITIS OTHER _____

780.57 OSA 799.0 HYPOXIA 518.81 RESPIRATORY FAILURE OTHER _____

SERVICES:

- O2 Concentrator
- Portable E System
- Back up only
- Conserver (To keep saturation above 90%. Only patients with continuous oxygen qualify)

- LPM _____ At rest
- Nocturnal As needed
- Continuous
- While mobile
- Hours/ Day _____

LENGTH OF NEED:

- Lifetime
- Other _____

DEVICE:

- Nasal Cannula
- In-Line w/Cpap or Bilevel
- Mask
- Trach Mask
- Humidifier Bottle

OXYGEN TESTING:

Date: _____

Saturation: _____

NEBULIZER COMPRESSOR:

- Nebulizer with Neb Kits & Filters

LENGTH OF NEED:

- Lifetime 99
- Other _____

REASON FOR NEBULIZER:

- Patient failed MDI trial
- Patient unable to use MDI
- Other

MEDICATIONS: _____

Strength/Dosage _____

Frequency **BID** **TID** **QID** **Q** _____ **HR**

- Other _____

- CPAP BI-PAP BI-PAP S/T

Settings _____ cmH2O

- Supplies (tubing, filters, headgear, mask)

HUMIDIFIER:

- Heated
- Cool

LENGTH OF NEED:

- Lifetime 99
- Other

OTHER:

- RT Evaluation * see reverse for details
- Overnight Oximetry
- Oximetry Spot Check

- Refer to Sleep Lab _____

- Refer to Oxygen Testing Laboratory

- Oxygen Saturation
- ABG

- Other _____

I certify that the indicated treatment is medically necessary and I will be responsible for the patients' treatment.

Physician's Name _____ UPIN No. _____ State Lic. No. _____

Address _____ City _____ Zip _____

Phone () _____ NPI# _____ Fax () _____

PHYSICIAN'S SIGNATURE _____ **DATE** _____