

Sonora Oxygen & Medical Supply

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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)	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
Liter/Minute At Rest With Exertion	+Must be 55 mm Hg or less to qualify EXERTION TESTING→ O2 SAT above 88%
Length of Need 3 months 12 months (Lifetime) Other:	If the Patient is Above 88% On room air @ rest (see 1 below), Immediately complete the testing (see 2 + 3 below):
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)	 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.