

Oximetry Test Results

This form is to certify that the following oximetry readings were recorded on _____ .
Date

For Patient _____ DOB _____

SpO2 on Room Air at REST: _____ %

SpO2 on Room Air with EXERTION: _____ %

SpO2 on ____ LPM with EXERTION: _____ %

(For Prescriptions > than 4 LPM)

SpO2 on 4 LPM at REST: _____ %

SpO2 on ____ LPM at REST: _____ %

SpO2 on ____ LPM at REST: _____ %

SpO2 on 4 LPM with EXERTION: _____ %

SpO2 on ____ LPM with EXERTION: _____ %

SpO2 on ____ LPM with EXERTION: _____ %

These results have been certified by:

Provider Printed Name

NPI

Provider Signature

Signature Date