

## Oxygen Prescription

All MASSHEALTH orders must be on ordering doctor's letterhead

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Oxygen Testing Results: Must be <89% to qualify patient

#### 1: Oxygen for daytime use

O2 Concentrator Continuous (E1390) with Portable Oxygen Tanks(E0431) via Nasal Cannula

- Standard concentrator
- E tanks back up
- Portable D (7.4lbs) or E tanks  
*(Up to 10 tanks a Month)*

O2 Concentrator Continuous (E1390) with Portable Gaseous Refill System via Nasal Cannula (KO738)

- Home fill compatible concentrator
- Home fill compressor
- E tank back up
- Home fill D (7.4lbs) tanks

#### 2: Oxygen for nocturnal use

- Concentrator Via Nasal Cannula  
 Bleed Oxygen into  PAP or  Vent

#### Liter Flow

*(required)*

LPM at rest: \_\_\_\_\_

LPM with exercise: \_\_\_\_\_

LPM at Night: \_\_\_\_\_

#### Conserving Device

- Test for Oxygen Conserving Device and B tanks (3.6lbs)
- Be considered for Portable Oxygen Concentrator (Requires conserving Device and minimal month tank usage)

**Over Night Oximetry:**  On Room Air  On PAP/Vent  On Oxygen LPM: \_\_\_\_\_

**FREQUENCY:**  24 hours  With exertion  Nocturnal

**DIAGNOSIS:** COPD J44.9  J43.0 Emphysema

**LENGTH OF NEED:**  Lifetime/99 years  Other \_\_\_\_\_

#### PHYSICIAN INFORMATION

Ordering MD (printed): \_\_\_\_\_ NPI  

**ORDERING MD'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

[O2@reliablerespiratory.com](mailto:O2@reliablerespiratory.com)

**PLEASE SIGN AND FAX TO 781-987-8206**