



**Order Date:** \_\_\_\_\_

**Patient Information:**

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

Address: \_\_\_\_\_

Insurnace: \_\_\_\_\_ Insurnace ID: \_\_\_\_\_

Phone: \_\_\_\_\_

**Order:**

- Oxygen for daytime use via nasal cannula.
  - Stationary Concentrator (E1390) at rest on \_\_\_ LPM for up to 16 hours a day.
  - Stationary Concentrator (E1390) with exertion on \_\_\_ LPM for up to 16 hours a day, while exercising in the home or with tasks such as cooking and cleaning.
  - Portable Gaseous System (E0431) with exertion on \_\_\_ LPM for up to 8 hours a day with exercise and outdoor activities, such as shopping.
  - Please also evaluate the patient for a conserving device.
- Oxygen for nocturnal use for 8 hours a day.
  - Stationary Concentrator (E1390) on \_\_\_ LPM via nasal cannula.
  - Stationary Concentrator (E1390) on \_\_\_ LPM bled into PAP/Vent.

**Total Hours of Supplemental Oxygen usage per day:** \_\_\_\_\_

**Diagnosis:** \_\_\_\_\_

**Length of Need:**  99 months or  \_\_\_\_\_

**Therapeutic Objective:** To maintain SpO<sub>2</sub> above 89%.

**Provider Name:** \_\_\_\_\_ **NPI:** \_\_\_\_\_

**Provider Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Provider Address:** \_\_\_\_\_