

PATIENT INFORMATION

NAME: _____ **DOB:** _____
PHONE: _____ **ALT PHONE:** _____ **M** **F**
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
SSN: _____ **ALT CONTACT:** _____ **PHONE:** _____

DIAGNOSIS

- | | | |
|---|--|--|
| <input type="radio"/> COPD (496) | <input type="radio"/> Emphysema (492.8) | <input type="radio"/> Chronic bronchitis (491.20) |
| <input type="radio"/> Asthma (493.90) | <input type="radio"/> Obstructive sleep apnea (372.23) | <input type="radio"/> Congestive heart failure (428.0) |
| <input type="radio"/> Hypoxemia (799.02) | <input type="radio"/> Coronary artery disease (414.9) | <input type="radio"/> Pulmonary fibrosis (516.3) |
| <input type="radio"/> Total knee replacement (V43.65) | <input type="radio"/> Osteoarthritis knee (715.96) | <input type="radio"/> Other: _____ |

INSURANCE

Primary: _____ **ID:** _____ **Group:** _____
Secondary: _____ **ID:** _____ **Group:** _____

OXYGEN PHYSICIAN ORDERS

- Oxygen concentrator via nasal cannula at _____ LPM for use while sleeping.
 Oxygen concentrator via nasal cannula at _____ LPM for use 24 hours per day.

Portable oxygen system:

- | | |
|--|--|
| <input type="radio"/> HomeFill with lightweight portable cylinders, shoulder bag and oxygen conserver. | <input type="radio"/> Liquid oxygen with oxygen conserver. |
| <input type="radio"/> Portable oxygen concentrator with oxygen conserver. | <input type="radio"/> E cylinder with cart and regulator. |
| <input type="radio"/> M6 cylinders with shoulder bag and oxygen conserver. | |

Room air SpO₂ at rest: _____%. Test date: _____. Place test performed: _____.

Room air SpO₂ during exercise: _____%. SpO₂ during exercise with _____ LPM of O₂: _____%.

- Overnight oximetry on room air. Titrate patient on oxygen conserver to maintain sats ≥ 90%.
 If SpO₂ ≤ 88% or decreases by ≥ 5% for ≥ 5 minutes, oxygen concentrator via nasal cannula at _____ LPM for use while sleeping.

CPAP / APAP / BILEVEL PHYSICIAN ORDERS

- CPAP at _____ cm H₂O, heated humidifier & supplies. Auto CPAP at _____ - _____ cm H₂O, heated humidifier & supplies.
 Auto titrating CPAP at **4** to **20** cm H₂O, heated humidifier & supplies for seven days, download and replace auto titrating CPAP with fixed pressure CPAP set at 90th (Philips Respironics) or 95th (ResMed) percentile pressure for use while sleeping.
 BiLevel with IPAP _____ cm H₂O, EPAP _____ cm H₂O, heated humidifier & supplies.

NEBULIZER & MEDICATION PHYSICIAN ORDERS

- Nebulizer compressor and reusable nebulizer. Portable nebulizer compressor and reusable nebulizer.
 Albuterol (0.083%, 2.5 mg/3mL) Ipratropium (0.02%, 0.5mg/2.5mL) Other: _____
 QID TID BID Q4HR Other: _____ Refills: _____

MEDICAL EQUIPMENT PHYSICIAN ORDERS

- Knee CPM Semi-electric hospital bed Wheelchair Walker with wheels Bedside commode
 Other: _____

STATEMENT OF MEDICAL NECESSITY

This equipment is medically necessary for this patient's well being. It is reasonable and necessary in reference to accepted standards of medical practice and it is not prescribed as a convenience. The estimated period of medical necessity is 99 months, or lifetime.

PRESCRIBING PHYSICIAN INFORMATION

PHYSICIAN NAME: _____ **NPI:** _____
PHYSICIAN SIGNATURE: X _____ **DATE:** X _____