

# **PHYSICIANS ORDERS**

*for*

## **Oxygen Verification Prescription**

4102 Buffalo Gap Rd. Ste J  
 Abilene TX 79605  
 (325) 672-1585  
 (325) 793-1603 fax

723B Hill Country Dr  
 Kerrville TX 78028  
 (830) 896-9191  
 (830) 896-9190 Fax

1300 W. Stan Schlueter Loop #300  
 Killeen TX 76549  
 (254) 680-4309  
 254.680.4932 fax

386A Landa St  
 New Braunfels TX 78130  
 (830) 608-9577  
 (830) 608-9799 fax

737 Knickerbocker Rd  
 San Angelo TX 76903  
 (325) 653-1077  
 (325) 658-7035 fax

120 S. St Hwy 46  
 Seguin TX 78155  
 (830) 303-8100  
 (830) 303-8101 fax

1313 S. First St.  
 Temple TX 76504  
 (254) 773-4309  
 (254) 773-4932 fax

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

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

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

Length Of Need:       Other \_\_\_\_\_       12 months       Lifetime

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

Description of Oxygen System, Delivery Method, & Flow Rates

Oxygen Concentrator @ \_\_\_\_\_ LPM    \_\_\_ Continuous    \_\_\_ Nocturnal    \_\_\_ As Needed

Portable Oxygen System:

\_\_\_ Portable Cylinder with regulator @ \_\_\_\_\_ LPM

\_\_\_ Portable Cylinder with conserver @ \_\_\_\_\_ LPM

\_\_\_ Home Transfilling System

\_\_\_ Other \_\_\_\_\_

Delivery Method:

\_\_\_ Nasal Cannula & Humidifier as needed

\_\_\_ Bleed in to PAP device set @ \_\_\_\_\_ cm H<sub>2</sub>O @ \_\_\_\_\_ LPM Nocturnally

\_\_\_ Other \_\_\_\_\_

Physician \_\_\_\_\_

Physician Phone \_\_\_\_\_

Physician NPI# \_\_\_\_\_

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

Physician signature certifies that the above represents his/her judgment of the patient's need for the equipment/supplies indicated above.