

Patient Name: _____ DOB: _____ Date: _____
 Patient Address: _____ Phone: _____ Alternate Phone: _____
 _____ Height: _____ Weight: _____
 Diagnosis: _____ ICD-10 _____ Length of Need (mo) _____ SS# _____
 Primary Insurance: _____ Policy #: _____
 Secondary Insurance: _____ Policy #: _____

SLEEP THERAPY	OXYGEN	DURABLE MEDICAL EQUIPMENT
CPAP Setting: _____ cm H ₂ O _____ Heated Humidifier Bi-PAP Settings: Inspiratory _____ cm H ₂ O Expiratory _____ cm H ₂ O _____ Heated Humidifier Supplies Allowed _____ Water Chamber 1 per 6 mos. _____ Mask 1 per 3 mos. _____ Headgear 1 per 6 mos. _____ Tubing 1 per month _____ Filters 2 per month _____ Cushion Replacements Cushions/pillows 2 per month Full Face 1 per month	Date of Test: _____ SaO ₂ room air at rest _____ % SaO ₂ room air w/exer, _____ % SaO ₂ post exercise on O ₂ _____ % _____ LPM _____ 24hr _____ Nocturnal _____ Other _____ Stationary System (concentrator) _____ Portable System Lightweight Portables: _____ Conserving Device w/pulse oximetry _____ Liquid Oxygen _____ Overnight Oximetry _____ Nasal Cannula _____ Other: _____ *If pt SaO ₂ is w/exertion, please document SaO ₂ on O ₂ with exertion here to show any improvement: _____	_____ Electric Hospital Bed _____ Semi-Electric Hospital Bed _____ Manual Hospital Bed _____ Gel Overlay _____ Low air Loss Mattress _____ Trapeze Bar _____ Suction Machine _____ Standard Wheelchair _____ Lightweight Wheelchair _____ Heavy Duty Wheelchair _____ Elevated Leg Rests _____ Pressure Reducing Cushion _____ Standard Cane _____ Quad Cane _____ Walker _____ Walker w/ wheels _____ Shower Chair _____ Shower Chair w/back _____ Bedside 3-in-1 Commode _____ Hydraulic Patient Lift _____ Power Chair _____ Other: _____

Special Instructions:

IT IS MY MEDICAL OPINION THAT THE TREATMENT PLAN LISTED ABOVE IS MEDICALLY NECESSARY AND APPROPRIATE FOR THIS PATIENT.

Physician's Information

Physician Name: _____
 Address: _____
 Phone: (____) _____ Fax: (____) _____
 NPI: _____ UPIN#: _____ Sent By: _____
 Physician Signature: _____ Date: _____