



1-888-BINSONS

OXYGEN DETAILED WRITTEN ORDER FOR DELIVERY

FAX TO: 586-755-2322

Patient Name: _____ Account # _____ DOB _____

Address _____ City _____ State _____ Zip _____

Phone: _____ Mobile: _____ **Face Sheet/Demographics Faxed**

I, the Physician, have treated this patient for a condition that supports the need and have discussed the need for this medical equipment with the patient and caregivers. I have documented the following information and the need for this equipment in the patient's most recent chart notes. **Date of visit prior to order:** _____

DIAGNOSIS (Check appropriate diagnosis below) Length of Need in Months _____ (99 = Lifetime)

- CHF _____ Pulmonary Hypertension _____
- COPD _____ Respiratory Failure _____
- Emphysema _____
- Other: _____

TESTING

Overnight Oximetry _____

TREATMENT TYPE (Check appropriate treatment below)

- 24 - Hour Oxygen (continuous) E1390/E1392
_____ LPM
- Nocturnal Oxygen (at night) E1390 _____
- Portable (w/activity) E1392 _____
- Pulse Flow (Conserving Device) Setting _____ Via Nasal Cannula
- Portable Oxygen Tanks E0431 _____
- Other: _____

PRESCRIBING PHYSICIAN

Name & Credentials: _____ NPI Number: _____

Telephone: _____ Fax: _____

Signature: _____ (Stamped signature not accepted) Signature Date: _____