



Pulse Ox Detailed Written Order Prior to Delivery

Order Date: _____ Patient's Name: _____ Patient's Date of Birth: _____ Diagnosis (must be a lung disease): _____ _____	Account Number: _____ Height: _____ Weight: _____ Notes:
Products	
<input type="checkbox"/> Overnight Pulse Ox to Qualify for Oxygen <input type="checkbox"/> Assessment Pulse Ox <div style="margin-left: 20px;"> <input type="checkbox"/> On Oxygen _____ LPM <input type="checkbox"/> Off Oxygen </div>	
Frequency of Use: _____ Length of Need: _____	
Physician's Information	
Printed Name & Credentials: _____ Physician's NPI Number: _____ Signature: _____ <div style="text-align: center; font-size: small;">(stamped signature not accepted)</div> Signature Date: _____	

REMINDER:
If patient has a history of OSA, patient will need to do a titration sleep study to qualify for oxygen.

<u>MICHIGAN LOCATIONS</u>	DEARBORN	LIVONIA	SAGINAW	<u>FLORIDA LOCATION</u>
CENTER LINE	5250 Auto Club Dr	13450 Farmington Rd	5599 Bay Rd	LONGWOOD
Corporate & Retail Location	EASTPOINTE	LIVONIA	SOUTHGATE	830 S. Ronald Reagan Blvd
26834 Lawrence	21571 Kelly Rd	St. Mary Mercy Hospital	18800 Eureka Rd	866-928-0003
Center Line, MI 48015	FARMINGTON HILLS	36475 5 Mile Rd	STERLING	
586-755-2300	Tri-Atria Building 32255	ROYAL OAK	HEIGHTS	
888-BINSONS	Northwestern Hwy	30475 Woodward Ave	43900 Schoenherr Rd	
Fax: 586-755-2322	FLINT		TROY	
	G-4433 Miller Rd		6475 Rochester Rd	