



3700 Commerce Parkway, Miramar, FL 33025 | 844.215.4264

OXYGEN PRESCRIPTION

Physician Name: _____ **NPI #** _____

The Department of Business and Professional Regulation (DBPR), ACHC and Medicare / Medicaid requires complete physician orders for medical oxygen to include the liter flow, hours of use, application device, and as appropriate, orders for the portable cylinders and oxygen conserving device. Medical oxygen is classified as a drug, as such; prescriptions are valid for only one year. Prescriptions must be renewed on an **annual basis** for the therapy to be continued. As the prescribing physician of record, please complete the following form in its entirety, sign, date, and return fax as soon as possible. Please do not hesitate to call with any questions.

Patient Name: _____ **Date of Birth:** _____

Health Plan: _____ **Member ID #:** _____

Diagnosis: _____ **Date Last Seen In Office:** _____

Initial Date: _____ **Renewal / Revised Date:** _____

☐ New Prescription ☐ Prescription Renewal ☐ Update Current Prescription

☐ Discontinue Oxygen and Pick-Up Equipment

Oxygen Saturation or PO₂ results: _____ **Date of Test:** _____

Liter Flow per Minute: _____

Via: ☐ Nasal Cannula ☐ Simple Mask ☐ Other _____

Frequency of Use: ☐ Continuous ☐ With Exertion ☐ Hours of Sleep

☐ Bleed into CPAP / BiPAP ☐ PRN ☐ Other: _____

Delivery Device at Home: ☐ Oxygen Concentrator ☐ Liquid Stationary

Delivery Device for Portability

☐ Portable Cylinders @ _____ LPM ☐ Continuous OR ☐ Pulse Dose

☐ Liquid Portable @ _____ LPM ☐ Continuous OR ☐ Pulse Dose

☐ Portable Oxygen Concentrator @ _____ LPM ☐ Continuous OR ☐ Pulse Dose

Comments: _____

Physicians Signature: _____ **Date:** _____
(Stamped signature and date not accepted) (Not valid without date)