

Smith's Drugs of Forest City

139 East Main Street

Forest City, NC 28043

Phone: (828) 245-9215 Fax: (828) 641-9677 or (828) 245-1793

Oxygen Physician Order Durable Medical Equipment

Patient Name: _____ DOB: _____
Address: _____ Phone #: _____



Date of Order: ____/____/____ Length of Need: _____ Height: _____ Weight: _____

Diagnosis (list all): 1) _____ 2) _____ 3) _____

(Include ICD-10 Codes)



Before ordering oxygen therapy for your patient, make sure each of the following criteria are met:

- Medical record documentation must show that other alternative treatments have been tried or considered and deemed clinically ineffective
- Documentation must show that the patient was seen within 30 days prior to the start of oxygen
- Medical record must show the medical condition necessitating the home use of oxygen therapy

Type of Oxygen being ordered:

- Stationary Concentrator Continuous Flow Portable Tanks Conserving Flow Portable Tanks

Oxygen Flow Rate: _____ lpm via Nasal Cannula Mask

Estimation of Frequency: _____ (e.g. 10 minutes per hour)

Duration of Use: _____ (e.g. 12 hours per day)

O2 Saturation Level: _____ on Room Air (choose one) At Rest With Activity During Sleep

Note: If O2 Sat is taken during sleep, portable oxygen cannot be billed

In Addition:

- A Certificate Of Medical Necessity must be completed and sent with the documentation
- Patient MUST follow up with their treating physician within a reasonable amount of time and the follow-up documentation must be obtainable

Provider Name: Smith's Drugs of Forest City
Address: 139 East Main Street
Forest City, NC 28043
Phone: 828-245-9215
Fax: 828-641-9677 or 828-245-1793
NPI: 1437171949

Physician: _____
Address: _____

Phone: _____
Fax: _____
NPI: _____

Physician's Signature: _____ Date: _____

Smith's Drugs CANNOT dispense oxygen orders without all documentation required