

Smith's Drugs of Forest City

139 East Main Street

Forest City, NC 28043

(828) 245-4591 Fax: (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: 828-245-4591
Fax: 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