Smith's Drugs of Forest City 139 East Main Street

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 Ne	• •	Weight:
	2)		
******	· · · · · · · · · · · · · · · · · · ·	· • • • • • • • • • • • • • • • • • • •	******
☐ Medical record and deemed cl ☐ Documentation ☐ Medical record Type of Oxygen bein	9	en within 30 days prior to the necessitating the home use o	e start of oxygen f oxygen therapy
-	centrator	_	low Portable Tanks
	iency:		er hour)
	·		
O2 Saturation Level	l: on Room Air (choos at is taken during sleep, portable or	ose one) 🗆 At Rest 🗅 With A	
☐ Patient MUST	Of Medical Necessity must be comp follow up with their treating physiv-up documentation must be obtain	cian within a reasonable ame	
Provider Name:	Smith's Drugs of Forest City	Physician:	
Address:	139 East Main Street	Address:	

	Forest City, NC 28043		
Phone:	828-245-4591	Phone:	
Fax:	828-245-1793	Fax:	
NPI:	1437171949	NPI:	
Physician's Sign	nature:	Date:	

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