

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