

Express Rx Pharmacy and Medical Supplies

1711 W. Temple St #100

Los Angeles, CA 90026

Phone: 855-349-6017 Fax: 213-674-3197

Oxygen and Respiratory Prescription Form

☐ **Blood gas study meets criteria indicated below:**

On room air at rest while awake, oxygen saturation equal to or less than 88 percent or ABG equal to or less than = 55 mm Hg

☐ **A frequency of use must be indicated continues or at night**

☐ **Certificate of Medical Necessity must be completed (CMN)**

Blood gas study must have been performed within 30 days of initial setup, or during an inpatient hospital stay and test done within two days prior to discharge date. Study should be performed while patient was in chronic stable state. Not during an acute illness or exacerbation of an underlying lung disease or in emergency room situation.

Patient Demographics

Name: _____ Date of Birth: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Oxygen Equipment: Please complete: CMN, oxygen flow rate setting, frequency, O2 saturation / ABG

☐ **Oxygen Saturation** _____ % ☐ **Diagnosis:** _____ **Date:** _____

☐ **Continuous (24 HRS)** ☐ **Nocturnal (8-12hrs)**

☐ **Oxygen Concentrator** **Setting:** _____ LPM (VIA TUBING AND CANNULA)

☐ **Portable Oxygen** **Setting:** _____ LPM (VIA TUBING AND CANNULA) ☐ **Qty:** _____ (per month)

☐ **Oxygen Conserving Device** **Setting:** _____ LPM

☐ **Regulator**

☐ **Stand/Rack**

☐ **Other** _____

Other Equipment Comments/Notes: _____

Physician's Signature: _____  **Date:** _____

Physician's Name: _____ **DEA:** _____ **NPI:** _____

Address: _____

Office Contact Person: _____ **Phone:** _____ **Fax:** _____

PLEASE ATTACH CERTIFICATE OF MEDICAL NECESSITY (CMN) AND ALL SUPPORTING DOCUMENTATION.

FAX: (213) 674-3197