



Written Order Prior to Delivery – Oxygen Concentrator

PATIENT NAME: _____ ORDER DATE: _____
 PATIENT DOB: _____ MEDICARE #: _____ DISCHARGE DATE: _____
 HEIGHT: _____ WEIGHT: _____ PHONE NUMBER: _____ LENGTH OF NEED: _____
 _____ : _____

PRESCRIPTION

DIAGNOSIS _____
 LITER FLOW 1 2 3
 USE / FREQUENCY 24/7 Other Specify _____
 METHOD OF ADMINISTRATION Nasal Cannula Other Specify _____
 Other: _____

EQUIPMENT PRESCRIBED

Qty	Proc. Code	Item Name
1	E1390	Oxygen Concentrator
1	E1392	Portable Oxygen Concentrator

This is a pulse dose only oxygen delivery device. Any order for continuous flow oxygen will be dispensed at the numerical equivalent pulse dose setting.

PHYSICIAN NAME: _____ NPI: _____
 PHYSICIAN SIGNATURE: _____ DATE: _____

Note: Please maintain a copy of the Written Order, which must be kept o file for 7 years or longer, if required by state law.