



FAX COVER SHEET

Attention:

Date:

Patient:

From: **Raymond T.**

DOB:

Patient ID#:

Phone:

Sender's Phone Number: **(484) 567-0666**

Fax:

Sender's Fax Number: **(484) 362-1480****IMPORTANT!**

We require a 6-Minute Walk Test that includes Room Air at rest, Room Air during ambulation, and during ambulation with oxygen applied. Alternatively, we can also accept an ABG or Rest Test from previous or upcoming appointments. Thank you!

This patient is due for a 5-year Oxygen Replacement. The patient's insurance requires that we verify the patient is continuing to use and benefit from oxygen therapy.

Oxygen Determination Testing (within 30 days of a Physician Evaluation)

Continuous Oxygen Test (6-minute walk test or ABG test)

- at rest on room air (if Spo2 is 88% or less then no further testing needed)
- during exertion on room air (spo2 must be 88% or less; must complete 3rd test)
- during exertion with oxygen applied (must show oxygen level increases w/ O2 use)

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