



FAX COVER SHEET

Attention:

Date:

Patient:

From:

DOB:

BT ID#:

Phone:

Sender's Phone Number: 484-567-0666

Fax:

Sender's Fax Number: 484-362-1480

APPOINTMENT DATE:

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.

Documentation Needed:

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DISCONTINUE NOTE

The patient is due for Oxygen Requalification but has refused. Kindly send us a Discontinue Note or state it in the chart notes. This is required for documentation purposes. Thank you!

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