adapthealth

FAX COVER SHEET

Attention:	**D**ate:
Patient:	From:
DOB:	Patient ID#:
Phone:	Sender's Phone Number: (**484) 567-0666**
Fax:	Sender's Fax Number: (**484) 362-1480**

IMPORTANT!

We require the results of an Overnight Sleep Study, either from a recent appointment or from any year.

_____

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)

AdaptHealth • 122 Mill Rd, Suite 120 • Oaks, PA 19460

P: 484-567-0666 • **F:** 484-362-1480 • Adapthealth. com