

Physician Order Form - Oxygen Concentrator Supplies

Ordering Physician	Physician's Address	Supplier Information
_____ _____ _____	_____ _____ _____	ABC Medical Supplies 456 Health St, Suite 300 Caretown, TX 75001 Fax: 877-666-5432 Call: 800-555-7777
Phone _____		
Fax _____		

Patient Name: _____

Patient DOB: _____

Diagnosis:

☐ ☒ Chronic Obstructive Pulmonary Disease (COPD) (J44.9)

☐ ☐ Hypoxemia (R09.02)

☐ ☐ Other: _____

Oxygen Concentrator Specifications:

Unit Type	Flow Rate
<input checked="" type="checkbox"/> Stationary Concentrator (E1390)	_____ L/min
<input type="checkbox"/> Portable Concentrator (E1392)	_____ L/min

Supplies:

☐ ☒ Nasal Cannula (A4616)

☐ ☐ Oxygen Masks (A4615)

☐ ☐ Tubing (A4606)

☐ ☐ Other: _____

The following items are necessary for the proper use of the oxygen concentrator:

Oxygen Concentrator (E1390/E1392)	Nasal Cannula (A4616)
Oxygen Masks (A4615)	Tubing (A4606)

Physician's Signature: _____

NPI: _____

License: _____

Date: _____

Please Fax To: 1-877-666-5432