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FAX COVER SHEET FOR REFERRAL

DATE: _____

NUMBER OF PAGES (INCLUDING COVER): _____

FROM: _____

FACILITY/PHYSICIAN NAME: _____

PHONE: _____

FAX: _____

CHECK ALL THAT APPLY AND INCLUDE INFORMATION UNDER EACH:

OXYGEN REFERRAL

- PATIENT DEMOGRAPHICS
- SIGNED PHYSICIAN ORDER INCLUDING: LPM, VIA NC, CPAP, OR BIPAP, HOURS PER DAY, AND DIAGNOSIS (ICD-10 FORMAT). ALL ORDERED ITEMS MUST BE LISTED AS THE FOLLOWING: "OXYGEN CONCENTRATOR, PORTABLE SYSTEM AND CONTENTS." SCRIPT MUST BE DATED ON TOP, AND NEXT TO THE PHYSICIANS SIGNATURE. SCRIPT MUST ALSO INCLUDE PHYSICIANS NPI.
- PULSE OXIMETRY RESULTS, < 88% IS A QUALIFY SAT. IF DONE AT SLEEP, PLEASE INCLUDE SLEEP STUDY. TESTING CANNOT BE MORE THAN 30 DAYS OLD FROM DATE OF SERVICE.
- MOST RECENT CONSULTATION NOTES, OR DISCHARGE NOTES IF APPLICABLE. PATIENT MUST HAVE BEEN SEEN WITHIN 48 HOURS OF A PRESCRIPTION BEING WRITTEN.

CPAP OR BIPAP REFERRAL

- PATIENT DEMOGRAPHICS
- SIGNED PHYSICIAN ORDER INCLUDING CPAP/BIPAP PRESSURE, AND DIAGNOSIS (ICD-10 FORMAT). ALL ORDERED ITEMS MUST BE LISTED AS THE FOLLOWING: "CPAP/BIPAP @ ____ CM H2O WITH HEATED HUMIDIFIER & SUPPLIES." SCRIPT MUST BE DATED ON TOP, AND NEXT TO THE PHYSICIANS SIGNATURE. SCRIPT MUST ALSO INCLUDE PHYSICIANS NPI.
- ALL SLEEP STUDY RESULTS
- PHYSICIANS CONSULTATION NOTES FOR SLEEP APNEA (REQUIRED BY SOME INSURANCES)
- EPWORTH SLEEP SCALE (REQUIRED BY SOME INSURANCES)

NEBULIZER REFERRAL

- PATIENT DEMOGRAPHICS
- SIGNED PHYSICIAN ORDER INCLUDING STATING NEBLIZER, WITH PRESCRIBED MEDICATION INCLUDING DOSAGE/FREQUENCY. MUST INCLUDE QUALIFYING DIAGNOSIS (ICD-10 FORMAT). SCRIPT MUST BE DATED ON TOP, AND NEXT TO THE PHYSICIANS SIGNATURE. SCRIPT MUST ALSO INCLUDE PHYSICIANS NPI.

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