



- \_\_\_ LEXINGTON
- \_\_\_ LOUISVILLE
- \_\_\_ COVINGTON
- \_\_\_ PRESTONSBURG
- \_\_\_ SOMERSET
- \_\_\_ WHITLEY CITY

# DETAILED WRITTEN ORDER – O<sub>2</sub>

Order Date: \_\_\_\_\_

Order Type: \_\_\_ Initial \_\_\_ Revised \_\_\_ Recert

LON: \_\_\_\_\_ 1-99 Months (99 = Lifetime)

PATIENT: \_\_\_\_\_ DOB \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_ NPI \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Dx / ICD-10: ① \_\_\_\_\_, ② \_\_\_\_\_, ③ \_\_\_\_\_

### EQUIPMENT / SERVICES:

#### HCPCS Code – Item Name / Narrative

- |             |   |           |  |
|-------------|---|-----------|--|
| ___ E1390   | O <sub>2</sub> Concentrator with Backup O <sub>2</sub> System | ___ E1399 | O <sub>2</sub> Conserving Device (OCD)             |
| ___ E1390MS | O <sub>2</sub> Concentrator Maintenance & Service             | ___ E0431 | Portable Gaseous O <sub>2</sub> System             |
| ___ E0565   | Air Compressor  | ___ E0443 | Portable Gas O <sub>2</sub> Contents, 1 Mth Supply |
| ___ K0738   | Home Compressor (to fill O <sub>2</sub> cylinders)            | ___       | Other _____  |
| ___ E1392   | Portable O <sub>2</sub> Concentrator (POC) w/OCD              |           |  |

### PHYSICIAN'S ORDER:

#### O<sub>2</sub> Liter Flow / % / Duration / Mode of Delivery

- |                                     |            |                 |                 |
|-------------------------------------|------------|-----------------|-----------------|
| ___ LPM – Continuous/24 hrs per day | via ___ NC | ___ In-line PAP | ___ Other _____ |
| ___ LPM – While Sleeping            | via ___ NC | ___ In-line PAP | ___ Other _____ |
| ___ LPM – During Exercise/Exertion  | via ___ NC | ___ Other       | _____           |
| ___ LPM – While Awake               | via ___ NC | ___ Other       | _____           |
| ___ LPM &/or ___ % – Other _____    | via ___ NC | ___ Other       | _____           |

### PHYSICIAN'S SIGNATURE / DATE:

*Signature and Date Stamps are NOT accepted*

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date