

PLEASE FAX TO THE DESIGNATED OFFICE:

COLUMBIA: 573-474-7590 KANSAS CITY: 913-663-4334 POPLAR BLUFF: 573-686-2929
 ST. LOUIS: 626-282-2420 WICHITA: 316-686-1886

Home Care Equipment, Inc.

1-800-457-4131



OXYGEN:

Length of Need: _____ 1-99 (99=life)

Has the patient been on oxygen before?

If Yes, when _____

Liter flow: _____ LMP; Duration: _____ hours/day

Diagnosis:

- ___ COPD (496)
- ___ Emphysema (492.8)
- ___ Chronic Obstructive Bronchitis (491.2-491.22)
- ___ Chronic Obstructive Asthma (493.20)
- ___ Congestive Heart Failure (428.0)
- ___ Cor Pulmonale (416.9)
- ___ Interstitial Disease (515)
- ___ Secondary Polycythemia (289.0)
- ___ Hematocric greater than 56%
- ___ Other _____

Portable System:

Does the patient require the use of portable oxygen to be mobile in their home? Yes___ No___

Cylinder size: E (24L)___ D (12L)___ B* (6L)___

*requires conserving device for effective use.

Conserving device: Yes___ No___

Stationary System:

Concentrator_____ Compressed gas_____

Delivery System:

Nasal Cannula___ Trans Tracheal___ Other_____

Lab Results:

O2 Saturation:_____ PO2:_____

(Qualifying results must be saturation 88% or less, or PO2 of 55mmhg, or less)

Was test taken within two days prior to discharge from an inpatient facility to home, OR with the patient in a chronic stable state as an outpatient? Yes___ No___

Date: _____

Dr.: _____

Phone: _____

HIC#: _____

Name: _____

Address: _____

Nebulizer:

Date of Service:_____ Length of need: _____

Diagnosis: _____

Wheelchair:

Date of Service:_____ Length of need: _____

Size:_____ (inches) Diagnosis: _____

CPAP/BiPAP:

Date of Service:_____ Length of need: _____

Setting(s);___ (E)___ (I) Diagnosis: _____

Walker:

Standard:_____ w/Wheels*:_____

*Does patient weigh more than 350 lbs? Yes___ No___

Other Durable Medical Equipment required:

PHYSICIAN CERTIFICATION:

I, the patient's physician, certify the medical necessity of these items for this patient.

Physician Signature _____ Date _____

Clinic: _____

Address: _____

UPIN: _____ Telephone: _____

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