

KAYSVILLE

Phone: (801) 728-3333

Fax to: (801) 728-3340



PETERSEN MEDICAL
BREATHE EASIER

Standard Written Order

Patient name: _____ DOB: _____

Diagnosis

Start date: _____ Estimated length of need (# in months): _____ 1-99 (99=lifetime)

Oxygen/respiratory equipment:

_____ LPM

Oxygen concentrator Other: _____ 24 Hour Nocturnal Other: _____ Nasal cannula Other: _____

Portable gas oxygen system

Conserving device flow setting: _____

Date of test: _____

Saturation levels-fill-in only those that apply

At rest: _____ Nocturnal: _____

Walk test-Rest: _____ Walk: _____ Walk with O₂: _____

Nebulizer

Neb disp set (2 per 1 month)

Neb non-disp filter (1 per 3 months)

Neb non-disp set (1 per 6 months)

Neb disp filter (2 per 1 month)

Overnight oximetry

Sleep therapy:

CPAP

CPAP (Auto-titrating)

Bilevel w/o rate

Bilevel w/rate

cmH₂O: _____ ramp: _____

Min: _____ cmH₂O Max: _____ cmH₂O

IPAP: _____ cmH₂O EPAP: _____ cmH₂O

IPAP: _____ cmH₂O EPAP: _____ cmH₂O rate: _____

Mask interface: (choose only 1 mask interface)

Nasal mask (1 per 3 months)

Nasal pillow mask (1 per 3 months)

Full-face mask (1 per 3 months)

Accessories:

Heated humidifier

Humidifier chamber (1 per 6 months)

Nasal mask cushion (2 per month)

Nasal pillow cushion (2 pair per month)

Full-face mask cushion (1 per month)

Tubing (1 per 3 months)

Headgear (1 per 6 months)

Chinstrap (1 per 6 months)

Filter: Disposable (2 per month)

Filter: Non-disposable (1 per 6 months)

Other: _____

Please attach the following (as applicable):

Test results (Oximetry, ABG, Sleep study)

Patient demographics sheet

Copy of patient's insurance card

Clinical Office Visit Note (from medical records of patient, documenting requirement for equipment as well as physician's assessment and expected benefit from the equipment ordered above. Physicians are required to sign and date notes.)

Practitioner name: _____

Address: _____ Phone: _____ NPI: _____

Practitioner signature: _____ Date: _____

ST. GEORGE

Phone: (435) 628-4949

Fax to: (435) 628-6041



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Address: _____ Phone: _____ NPI: _____

Practitioner signature: _____ Date: _____

OREM

Phone: (801) 374-8101

Fax to: (801) 374-8121



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