

# Fitzsimmons

Home Medical Equipment

A Division of Fitzsimmons Surgical Supply, Inc.

# RESPIRATORY ORDER FORM

Phone (219) 887-7718 | Fax (219) 887-0460

## PATIENT INFORMATION

PLEASE FAX A COPY OF PATIENT FACE SHEET WITH ORDER

Patient Name	Patient DOB	Order Date
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## OXYGEN THERAPY

TO QUALIFY, PT. MUST BE SEEN & EVALUATED BY THE PHYSICIAN AND TESTING PERFORMED WITHIN 30 DAYS PRIOR TO SETUP

- Oxygen Concentrator →  Portable Gaseous Oxygen System\*
- \*If Portable System Selected, evaluate for conserving device and titrate via oximetry to maintain SpO<sub>2</sub> ≥ 90% at rest & w/ ambulation
- Continuous (24 hrs) \_\_\_ LPM     Nocturnal (8-10 hrs) \_\_\_ LPM     Exercise Only \_\_\_ LPM
- Nasal Cannula     Mask     Inline w/ PAP Device     Other \_\_\_\_\_

### REQUEST DIAGNOSTIC TESTING BY INDEPENDENT TESTING FACILITY

- Third Party Overnight Oximetry Only →  Room Air     On O<sub>2</sub> at \_\_\_ LPM     On PAP at \_\_\_ CWP

## AEROSOL THERAPY

- Nebulizer w/Neb Kits (2 per mo.) & Aerosol Mask (1 per mo.)      LENGTH OF NEED \_\_\_ MONTHS (99 = LIFETIME)

## VEST THERAPY

- High Frequency Chest Wall Oscillation Air-Pulse Generator System      LENGTH OF NEED \_\_\_ MONTHS (99 = LIFETIME)

### RECOMMENDED PROTOCOL

Treatments Per Day      2  
Minutes Per Treatment      30  
Frequencies/Intensities      (soft) 5 – 20 Hz (intense)  
Minimum Usage Per Day      2

OR

### CUSTOM PROTOCOL (IF OTHER THAN RECOMMENDED)

Treatments Per Day      \_\_\_\_\_  
Minutes Per Treatment      \_\_\_\_\_  
Frequencies/Intensities      \_\_\_\_\_  
Minimum Usage Per Day      \_\_\_\_\_

## SLEEP THERAPY

PLEASE FAX SLEEP STUDY & INITIAL FACE TO FACE EXAM NOTES WITH ORDER

LENGTH OF NEED \_\_\_ MONTHS (99 = LIFETIME)

- CPAP w/ Heated Humidifier at → \_\_\_ CWP
- BiPAP w/ Heated Humidifier at → IPAP \_\_\_ EPAP \_\_\_ Back up Rate (if applicable) \_\_\_
- Full Face Mask System\* or  Nasal Interface Mask System\*     Chin Strap (1 per 6 mos.)     Heated Tubing (1 per 3 mos.)

\*Mask System Includes: Mask 1 per 3 mos., Headgear 1 per 6 mos., Tubing 1 per 3 mos., Cushions or Pillows 2 per mo., Disp. Filters 2 per mo., Water Chamber 1 per 6 mos., Reusable Filter 1 per 3 mos.

## PHYSICIAN INFORMATION

Physician Name	NPI
Physician Signature	Signature Date