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Portable Oxygen
Concentrator Order Form

Patient Name _____

Delivery
Address _____

City _____ State _____ Zip _____

R_x: Portable Oxygen Concentrator, Oxygen Therapy

1. Patient Diagnosis: COPD CHF other _____

2. Date of ROOM AIR Oximetry or ABG _____

SaO₂ _____ PO₂ _____ Taken: at rest upon exertion

3. Flow rate: Indicate one

Liters Per Minute _____ via nasal cannula

OR

Maintain SaO₂ => 90% _____

4. Duration of use (circle any that apply):

24 hrs/ day

OR

Nighttime exercise for travel purposes

Evaluate this patient on a portable oxygen concentrator. Perform oxygen saturations at rest and nocturnally to determine clinical effectiveness of oxygen conserving modality.

X _____ Date _____