

Patient's Name \_\_\_\_\_  
 Patient's Address \_\_\_\_\_  
 Patient's Home Phone \_\_\_\_\_ Patient's Cell Phone \_\_\_\_\_  
 Patient's Date of Birth \_\_\_\_\_ Weight \_\_\_\_\_ Height \_\_\_\_\_

**DIAGNOSIS (ICD 10 codes)**

\_\_\_\_\_

**Start Date** \_\_\_\_\_ **Length of Need** \_\_\_\_\_

**OXYGEN/RESPIRATORY EQUIPMENT**

\_\_\_\_\_ LPM  Oxygen Concentrator Other: \_\_\_\_\_  24 Hour  Nocturnal  Other: \_\_\_\_\_  
 Nasal Cannula Other: \_\_\_\_\_  
 Portable Gas  Conserving Device or Regulator Flow Setting: \_\_\_\_\_  Other: \_\_\_\_\_

Date of Test: \_\_\_\_\_ (or attach test results)

Testing while awake: At rest without oxygen on room air \_\_\_\_\_;

Exercise without oxygen on room air \_\_\_\_\_;

Exercise with oxygen applied \_\_\_\_\_.

**Testing to be ordered:**

Overnight Oximetry  On Room Air: \_\_\_\_\_  On Oxygen: \_\_\_\_\_

**\*PER MEDICARE REQUIREMENTS:**

A medicine list needs to be included in the face to face notes, along with a chronic diagnosis and reason for oxygen.

- If patient is on an antibiotic *for respiratory issues*, the patient is not considered to be in a chronic stable state and will not be covered by insurance.
- If the patient is on an antibiotic for another medical condition, this needs to be stated and explained in the face to face notes.
- If the patient has not tried broncodialators, inhalers or a nebulizer, please state in the notes that "these medications were considered, but it was decided they would not benefit the patient."

**PLEASE ATTACH THE FOLLOWING (as applicable)**

- Test Results (Oximetry, ABG)  Patient Demographics  Patient's Insurance Card(s)  
 Face-to Face Visit Notes  
 (from the patient's medical records, documenting need and physician's assessment—with physician's signature and date)  
 Medicine List\*

Practitioner's Name (please print or stamp) \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_

NPI# \_\_\_\_\_ Physician's Signature and Date: \_\_\_\_\_



1900 Apperson Drive, Salem – (540) 380-3383 – Fax (540) 380-3393  
For Questions 24/7/365 Call (540) 380-5588  
479 Piney Forest Road, Danville – (434) 797-2332 – Fax: (434) 793-3916

Please fax this form (or a prescription/order) with this information, and supporting documents to:

Commonwealth Home Health Care, Inc.  
479 Piney Forest Road  
Danville, Virginia 24540  
(434) 797-2332  
**FAX (434) 793-3916**

**Please contact us with any questions you may have about medical equipment referrals.**

