



444 Gracie Lane, Moscow Mills, MO 63362
Phone 636-356-4803 or 866-356-4803
Fax 636-356-4605

Physician Order

Confidential

Patient Information:

Name (Last, First, MI) \_\_\_\_\_ DOB \_\_\_\_\_
Mailing Address \_\_\_\_\_ Phone Number \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_
Sex M or F (Circle One)

Insurance Information:

(Check one Box)
Medicare [ ] Medicaid [ ] Private Insurance [ ] Self Pay [ ] Policy# \_\_\_\_\_
Patient Relationship to Insured: Self Spouse Child Other \_\_\_\_\_
Secondary Insurance: \_\_\_\_\_ Policy# \_\_\_\_\_

Provider Information:

Company: A & B Medical \_\_\_\_\_ Contact: \_\_\_\_\_
Phone: 866-356-4803 \_\_\_\_\_ Fax: 866-542-4605 \_\_\_\_\_

Ordering Physician:

MD UPIN# \_\_\_\_\_ Full Name \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
Phone: \_\_\_\_\_ Fax \_\_\_\_\_

Diagnosis:

\_\_\_\_\_

Patient Symptoms:(Please Circle One Or More)

Dyspnea Chronic Cough Hypoxemia Wheezing Cyanosis Orthopnea

Physician's Request for testing by an IPTF (independent diagnostic test facility)
Please perform the following diagnostic study to determine and/or document my patient's
eligibility for Home Oxygen, Per Medicare Guidelines.
[X] Respiratory Evaluation (Include oximetry at rest, exertion on or off oxygen if
needed, overnight and initial spirometry evaluation.) If patient on CPAP or BiPAP please circle
one: (with) or (without)

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_