



Continuous Pulse Oximetry and Supplies Prescription

Mayo Clinic Store

Form content not retained in medical record.
Route to Mayo Clinic Store for electronic storage.

(complete fields or place patient label here)

Patient Name (First Middle Last)
Birth Date (mm-dd-yyyy)
Mayo Clinic or Store Account Number

External Form Users: Complete this document and fax to the Mayo Clinic Store.

Internal Epic Downtime Form Users: Complete this document and fax to the Mayo Clinic Store. Once Epic downtime processes are complete, reenter order into the EHR and send an Epic message to the Mayo Clinic Store's inbasket pool informing them that a duplicated order was created.

Required: Attach patient's current primary, secondary, and tertiary insurance providers and provider-signed clinical documentation verifying medical justification from face-to-face examination.

Order Information

Order Date (mm-dd-yyyy)	Start Date (mm-dd-yyyy)	Need Length <input type="checkbox"/> Lifetime <input type="checkbox"/> Other _____
Qualifying Diagnosis (ICD-10)		
Patient Address (Street, City, State, ZIP Code)		Patient Phone

Device and Supplies

<input type="checkbox"/> Continuous pulse oximeter Rad 87 (Z00015879) or Rad 8 (ZZ488916) HCPC E0445, quantity of 1 <input type="checkbox"/> Continuous <input type="checkbox"/> Hours of sleep and PRN <input type="checkbox"/> With feeding
<input type="checkbox"/> Pulse oximetry probe HCPC A4606 (select size below), 4 per month total <input type="checkbox"/> Pulse oximeter probes infant toe or thumb 3–20 kg (Masimo ref 2328) <input type="checkbox"/> Pulse oximeter probes neonate/adult less than 3 kg foot or greater than 40 kg finger (Masimo ref 2329) <input type="checkbox"/> Oxygen sensor pediatric 10–50 kg (Masimo ref 1860) <input type="checkbox"/> Oxygen sensor adult greater than 30 kg (Masimo ref 1859)

Settings

Heart Rate, High (BPM)	Heart Rate, Low (BPM)	Low Saturation (%)
Special Instructions		

Referring Provider Information and Signature

Facility	Phone	Fax
Provider Signature ▶	Date (mm-dd-yyyy)	
Provider Printed Name (First Middle Last)	National Provider Identifier	