



Oxygen Pendant 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)	Need Length <input type="checkbox"/> 1 year <input type="checkbox"/> Other _____
Patient Address (Street, City, State, ZIP Code)	Patient Phone

Oxygen Pendant Titration Test and Supply

<input type="checkbox"/> Perform oxymizer testing and adjust liter flow up to 10 LPM to maintain saturation of 90% or greater at rest and with activities of daily living. If evaluation shows desaturations less than 90 at maximum setting, do not set patient up with the oxymizer. <input type="checkbox"/> If patient qualifies for oxymizer from above guidelines, dispense oxygen pendant A4615, 1 per month for 1 year. <input type="checkbox"/> Notify provider of oxymizer liter flow for new prescription after titration or if patient does not tolerate oxymizer. <input type="checkbox"/> Other _____
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	