Complete and print.

Reset Form

MAYO CLINIC

Home Oxygen 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; provider-signed clinical documentation verifying medical justification from face-to-face examination; and oxygen saturation levels.

Medicare Requirements Saturations must be on the same day.

Oxygen Continuous
- If less than or equal to 88% on room air (RA), need only RA saturation

Oxygen With Activity
- Three saturations required to qualify on the same day:
  - Oxygen saturations at rest on RA
  - Oxygen saturation on RA with activity (88% or below)
  - Oxygen saturation with prescribed liter flow, showing improvement with oxygen
- Additional testing is needed for liter flows 4 liters per minute (LPM) and greater

Oxygen During Sleep
- Oxygen saturations must be 88% or below for at least 5 non-consecutive minutes
- Obstructive Sleep Apnea diagnosis must have oximetry conducted during polysomnography, and underlying secondary chronic pulmonary disease documented

Order Information

Order Date (mm-dd-yyyy)	Start Date (mm-dd-yyyy)	Need Length ☐ Lifetime ☐ Other_____
Qualifying Diagnosis (ICD-10)		
Date of Face-to-Face Examination (mm-dd-yyyy)	Date of Oxygen Testing (mm-dd-yyyy)	Patient Phone
Patient Address (Street, City, State, ZIP Code)		

Oxygen Use

Certification ☐ Initial ☐ Revised ☐ Recertification	Oxygen Prescription (Liter Flow) ☐ Continuous _____ LPM ☐ Activity _____ LPM ☐ Hours of sleep _____ LPM
Oxygen Prescription Route of Administration ☐ Nasal cannula ☐ PAP/RAD ☐ Other, be specific _____	
☐ Test and evaluate for conserver or portable oxygen concentrator. Titrate to maintain oxygen saturations greater than or equal to _____ %.	Is patient mobile outside the home and requires portable oxygen system? ☐ Yes ☐ No

Equipment to Be Provided

- ☐ Oxygen Concentrator (E1390)
- ☐ Homefill Concentrator Compressor (K0738)
- ☐ Oxygen Portable Concentrator (E1392)
- ☐ Regulator/Conserving Regulator and supplies (E0431)
- ☐ Contents: Tanks (E0443), Oxygen Stand (E1355), Oxygen Tubing (A4616)
- ☐ Oxygen nasal cannula
- ☐ Pendant, mask, tubing
- ☐ Swivel adapter
- ☐ Bubbler, water trap, as needed

Special Instructions

Referring Provider Information and Signature

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

ENTERPRISE: Applies to Mayo Clinic locations in Arizona, Florida, Rochester and Mayo Clinic Health System.

Print