ALLIED MEDCOR SERVICES, INC.
Home Medical Equipment & Oxygen Therapy
4638 E. Grant Road
Tucson, AZ 85712
Phone (520) 296-5925 Fax (520) 777-4951

RESPIRATORY / DURABLE MEDICAL EQUIPMENT ORDER

Patient_____ Date_____
Address_____ ☐ M ☐ F Ht:____ Wt:_____
City_____ State_____ Zip_____
Phone_____SS#_____ DOB_____
Primary Insurance_____ ID#_____
Secondary Insurance_____ ID#_____

☐ COPD (496)	☐ Emphysema (492.8)	☐ Chronic Bronchitis (491.20)
☐ Asthma (493.00)	☐ OSA (327.23)	☐ CHF (428.0)
☐ Other _____	☐ Other _____	☐ Other _____

Respiratory Equipment

☐ Home Oxygen @ ____LPM ____Hrs Per Day Via: ☐ Nasal Cannula ☐ Mask
☐ Portable Oxygen @ ____LPM Humidifier for Oxygen: ☐ Yes ☐ No
☐ Nebulizer Compressor (SVN)

Oximetry Room Air Sat: _____% ☐ @ Rest ☐ Sleep (must be 5 minutes) ☐ *Exercise

- If qualifying test at exercise, O_2 sat while on prescribed oxygen: _____%

ABG: PaO_2 ____mmHg Test Date: _____
Testing Facility Name: _____
Address: _____

☐ Estimated length of need: _____months (99 months = Lifetime)

Durable Medical Equipment

☐ Semi-Electric Hospital Bed	☐ Standard Wheelchair	☐ Lightweight Wheelchair	☐ Heavy Duty Wheelchair
☐ Elevating Leg Rests	☐ Rollator (4 wheeled walker w/seat)	☐ Front Wheeled Walker	☐ Bedside Commode (3-n-1)
☐ Shower Chair	☐ Other:	☐ Other:	☐ Other:

Special Instructions:_____
_____

Physician Signature_____ Date_____
Physician Printed Name_____ NPI_____
Address_____
Phone_____ Fax_____