BellevueHealthcare

RESPIRATORY ORDER FORM

FAX TO: 425-467-6661

Customer:		Date of Birth:
Address:		
City:	State:	Zip:
Phone:	Email:	

Please attach the following as applicable:

☐ Patient demographics ☐ Copy of Patient's Insurance card ☐ Test results (Oximetry, ABG, Sleep Study)

☐ Physician's Note: Signed and dated note from medical records documenting requirement for equipment as well as physician's assessment of expected benefit from the equipment ordered.

☐ Oxygen Therapy

Diagnosis: ________________________________

Length of Need: ___________ (1-99, 99=Lifetime)

Liter Flow: _______ LPM Continuous via Nasal Cannula

Other (please specify) __________________________

☐ Portable O2 (specify): ____________________

Test Date: ____/_____/____

Testing Facility: ________________________________

Testing Conditions and Results (check one):

☐ At Rest - SpO2: _____% or PaO2:______ mmHg

☐ SpO2: Exercising: ____ % Exercising w/ O2: ______%

☐ Nocturnal: Include Overnight Oximetry Results

☐ Conserving Device: ___________________ LPM or Titrate liter flow to achieve SpO2 greater than: _____________

☐ CPAP

Diagnosis: ____________________

Length of Need: ___________ (1-99, 99=Lifetime)

CPAP Pressure: ______________________ (4 to 20 cm H2O)

CPAP Auto Pressure: Min______ Max_______ (4 to 20 cm H20)

Ramp Time: ☐ YES ☐ NO

Humidification: ☐ COOL ☐ HEATED ☐ NONE

Date of Sleep Study: _____________________________

Testing Facility: _________________________________

☐ BIPAP

Patient tried and failed CPAP? ☐ YES ☐ NO

Diagnosis: _________________

Length of Need: ___________ (1-99, 99=Lifetime)

Inspiratory Pressure: _____________ (5 to 30 cm H2O)

Expiratory Pressure: _____________ (4 to 29 cm H2O)

Rate: (Bi-level S/T only): ________________________

Humidification: ☐ COOL ☐ HEATED ☐ NONE

Date of Sleep Study: ________________________

Testing Facility: ____________________________

Mask Type: ☐ Nasal Mask (1 per 3 mos) ☐ Nasal Pillow Mask (1 per 3 mos)
☐ Full Face Mask (1 per 3 mos) ☐ Check here for therapist choice or best fit

Accessories & Supplies:

☐ Heated Humidifier	☐ Nasal Mask Cushion (2 per mo)	☐ Filter: Disposable (2 per mos)
☐ Cool Humidifier	☐ Nasal Pillow Cushion (2 per mo)	☐ Filter: Non-Disposable (1 per 6 mos)
☐ Humidifier Chamber (1 per 6 mos)	☐ Full Face Mask Cushion (1 per mo)	☐ Chinstrap (1 per 6 mos)
☐ Headgear (1 per 6 mos)	☐ Tubing (1 per 3 mos)	☐ Other: _________________________

☐ Nebulizer Compressor - Small Volume

Diagnosis: ____ Length of Need: ___________ (1-99, 99=Lifetime)

Accessories & Supplies: ☐ Nebulizer Kit Disposable (2 per mo) ☐ Aerosol Mask (1 per mo) ☐ Filers – Disposable (2 per mo)

☐ Nebulizer Compressor – Large Volume

Diagnosis: ____ Length of Need: ___________ (1-99, 99=Lifetime)

Accessories & Supplies:

☐ Nebulize Cap	☐ Corrugated Tubing 100’ Segment	☐ Trach Mask
☐ Trach Care Ki	☐ Trach Drainage Bag w/ Y Adaptor	☐ Trach Tube Holder
☐ NaCl Solution 5ml	☐ Sterile Water 1000ml	☐ Drain Sponges

☐ Suction Machine

Diagnosis: ____

Length of Need: ___________ (1-99, 99=Lifetime)

Accessories & Supplies:

☐ Yankauer. Type:_______________________

☐ Tracheal Suction Tube. Size: ____________

☐ Tubing - 72”

☐ Trach Tubes & Supplies

☐ Trach tube and inner cannula. Make/model: ____

☐ Laryngectomy tube. Make/model: ____

Completed by (please print):____

☐ MD ☐ DO ☐ PA ☐ ARNP

*Authorized Signature: ________________________________ Date:_____________

**If completed by Physician Assistant, Nurse Practitioner, or if you are working under a physician’s UPIN or NIP, please include the physician’s information below.*

Physician Name: ____

UPIN: ____________________________________ NPI: _______________________________________

Physician’s Address: ____

Physician’s Phone: _________________________________ Fax:______________________________________

Please fax to your local Bellevue Healthcare

Redmond	Burlington	Lacey	Tacoma	Wenatchee	Moscow	Portland
P: 425.451.2842 F: 425.467.6661	P: 360.999.5635 F: 360.395.2995	P: 360.438.2955 F: 360.438.2112	P: 253.274.8500 F: 253.274.8501	P: 509.662.8700 F: 509.662.8715	P: 208.997.3033 F: 509.436.1582	P: 503.659.1270 F: 503.659.1520
Bellingham	**Everett**	**Liberty Lake**	**Tukwila**	**Yakima**	**Bend**	
P: 360.527.0475 F: 360.527.0477	P: 425.258.6700 F: 425.258.6710	P: 509.850.3997 F: 509.532.1088	P: 206.724.0033 F: 425.467.6661	P: 509.452.3700 F: 509.452.3701	P: 541.647.1190 F: 541.306.5155	
Bremerton	**Kennewick**	**Sequim**	**Vancouver**	**Coeur d’Alene**	**Eugene**	
P: 360.373.3600 F: 360.373.3660	P: 509.586.2778 F: 509.585.2777	P: 425.451.2842 F: 425.467.6661	P: 360.450.4705 F: 360.450.4017	P: 208.676.1768 F: 208.665.9630	P: 541.359.2471 F: 541.225.5871	