Requisitioning Physician/Practitioner

190 Wortley Rd, Suite LL1, London, ON N6C 4Y7

Tel: 434-0730 Fax: 434-2943

Home Oxygen
Aerosol Compressors
CPAP, CPR, PFT's
Respiratory Equipment
Home Assessments

Physician/Practioner Number

Health Number	Version	Date of Birth YYYY MM DD

Phone Number

Last Name	First Name

Address

Patient Diagnosis

- ❑ Asthma
- ❑ Bronchitis
- ❑ Emphysema
- ❑ COPD
- ❑ Other ____________________
- ❑ Cor Pulmonale
- ❑ CHF
- ❑ Pulmonary Fibrosis
- ❑ CA ____________

Comments:

Treatment

Home Oxygen

- ❑ Assessment
- ❑ Set Up
- ❑ Flow @ ___ lpm
- ❑ $SaO_2 > 92\%$
- ❑ With Exertion
- ❑ Nocturnally
- ❑ Palliative

Medical Devices

- ❑ Aerosol Compressor
- ❑ CPAP ____ cm H_2O
- ❑ Suction Equipment
- ❑ Aerochamber/MDI

Services

- ❑ PFT
- ❑ Nocturnal Oximetry
- ❑
- ❑

Physician Signature

X ________________________________

Signature Date

CONFIDENTIAL WHEN COMPLETED