



**Home Medical Equipment and Oxygen**

450 State Route 664 North • P.O. Box 997 • Logan, Ohio 43138  
Phone: (740) 385-6177 or 1-800-423-3615 • FAX: (740) 385-0474  
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FAX Number: \_\_\_\_\_

Pages: \_\_\_\_\_

Respiratory / Equipment order form

Patient: \_\_\_\_\_ Date of Renewal: \_\_\_\_\_

Patient DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

I am renewing the order for the following therapy and *related supplies*:

\_\_\_\_\_ Oxygen at: \_\_\_\_\_ L/minute; \_\_\_\_\_ Continuous \_\_\_\_\_ Nocturnal and PRN  
\_\_\_\_\_ With exertion; per \_\_\_\_\_ Nasal Cannula \_\_\_\_\_ Mask  
\_\_\_\_\_ Trach Mask \_\_\_\_\_ to BiPAP or CPAP at \_\_\_\_\_ L/minute

\_\_\_\_\_ Date patient last seen by physician.  
- \_\_\_\_\_ CPAP: \_\_\_\_\_ cmH20 \_\_\_\_\_ MASK \_\_\_\_\_ TUBING \_\_\_\_\_ HEADGEAR \_\_\_\_\_ FILTER

\_\_\_\_\_ BiPAP: IPAP \_\_\_\_\_ cmH20, EPAP \_\_\_\_\_ cmH20; Back-up Rate \_\_\_\_\_ Breaths per minute  
\_\_\_\_\_ MASK \_\_\_\_\_ TUBING \_\_\_\_\_ HEADGEAR \_\_\_\_\_ FILTER

\_\_\_\_\_ Heated Humidifier

\_\_\_\_\_ Nebulizer supplies for continued use of ordered nebulizer, \_\_\_\_\_ TUBING \_\_\_\_\_ MASK

\_\_\_\_\_ Suction Machine: \_\_\_\_\_ Oral Suctioning \_\_\_\_\_ Tracheal Suctioning  
\_\_\_\_\_ Suction Supplies \_\_\_\_\_ TUBING \_\_\_\_\_ CANISTER \_\_\_\_\_ YANKAUER \_\_\_\_\_ CATHETER

\_\_\_\_\_ TENS Supplies: \_\_\_ 2 lead Electrodes \_\_\_ 4 lead Electrodes \_\_\_ Replacement lead wires-  
for continued use of TENS therapy.

Length of Need:  X  Lifetime \_\_\_\_\_ Months

Physician \_\_\_\_\_ NPI \_\_\_\_\_

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

Please Return Fax to: (740)385-0474