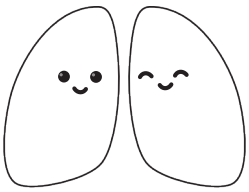

WeBeLungTogether

YOUR OXYGEN PROVIDER

We Be Lung Together Inc.
#114, 4310 33 St.
Stony Plain, Alberta T7Z 0A8

Phone 780-321-0202
Fax 780-620-0202

HOME OXYGEN THERAPY REQUISITION OF SERVICES

Patient Information

Surname:		Given Name:	
PHN:	DOB:	Sex: **M F**	
Home Tel:		Other Tel:	
Address:		Next of Kin:	
City:		NoK Tel:	
Prov:	Postal Code:	**Diagnosis:**	

Respiratory / Home Oxygen Assessment

☐ Perform oximetry testing as per funding guidelines; this may involve room air oximetry at rest and/or on exertion.

☐ Perform room air arterial blood gas (ABG) to confirm funding eligibility.

☐ We Be Lung Together Wellness Program (COPD Management Education)

Arterial Blood Gas & Oximetry Result on Room Air

Date: _____

pH ____ PaCo2 ____ PaO2 ____ HCO3 ____ SaO2 ____

Comments/Instructions: _____

_____

_____

_____

_____

_____

_____

Chronic / Acute

☐ Initiate Home Oxygen Therapy

Rest: **_____ LPM _____ Hours/Day**

Exertion: **_____ LPM _____ Hours/Day**

OR

Maintain SpO2 > 88% or between:

_____ – _____ %

Palliative

☐ Initiate Home Oxygen Therapy

_____ LPM _____ Hours/Day

Other Respiratory Equipment

☐ Suction Unit ☐ CPAP/BiPAP Adapter

☐ Nebulizer

☐ Physician ☐ Nurse Practitioner

Prescriber Name: _____

Prescriber Signature: _____

Date: _____

Billing # _____

Telephone # _____