



Providing Reliable Results
Cost-Effective Oximeters
Cost-Effective Software

OXIMETRY PHYSICIANS WRITTEN ORDER FORM

PATIENT INFORMATION:

Name: _____ DOB: _____ Gender: _____
Address: _____ City: _____ State: _____
Zip: _____
Cell #: _____ Work #: _____

INSURANCE INFORMATION: (Please fax copies of Insurance card))

Primary: _____ ID#: _____ Group #: _____ Phone #: _____
Secondary: _____ ID#: _____ Group #: _____ Phone #: _____

PHYSICIAN INFORMATION:

Physician Name: _____ NPI: _____
Phone #: _____ Fax #: _____

PHYSICIANS ORDERS:

Oximetry while awake followed by overnight oximetry (94760/94762) while on: _____

PATIENT DIAGNOSES - (Select all that apply)

Respiratory Related Codes

- C34.90 MALIGNANT NEOPLASM OF UNSPECIFIED BRONCHUS OR LUNG
J44.9 CHRONIC OBSTRUCTIVE PULMONARY DISEASE, UNSPECIFIED
J44.1 CHRONIC OBSTRUCTIVE PULMONARY DISEASE WITH (ACUTE) EXACERBATION
J43.9 EMPHYSEMA UNSPECIFIED
J45.20 MILD INTERMITTENT ASTHMA, UNCOMPLICATED
J45.22 MILD INTERMITTENT ASTHMA WITH STATUS ASTHMATICUS
J45.21 MILD INTERMITTENT ASTHMA WITH (ACUTE) EXACERBATION
J45.909 UNSPECIFIED ASTHMA, UNCOMPLICATED
J47.9 BRONCHIECTASIS, UNCOMPLICATED
J47.1 BRONCHIECTASIS WITH (ACUTE) EXACERBATION
J84.10 PULMONARY FIBROSIS UNSPECIFIED
J96.00 ACUTE RESPIRATORY FAILURE, UNSPECIFIED WHETHER WITH HYPOXIA OR HYPERCAPNIA
R40.0 SOMNOLENCE
R40.1 STUPOR
R06.02 SHORTNESS OF BREATH
R06.82 TACHYPNEA
R06.2 WHEEZING
R06.00 DYSPNEA
R06.83 SNORING
R09.01 ASPHYXIA

Cardiac Codes

- I50.30 UNSPECIFIED DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.31 ACUTE DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.32 CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.33 ACUTE ON CHRONIC DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.40 UNSPEC COMBINED SYSTOLIC (CONGESTIVE) & DIASTOLIC (CONGESTIVE) HEART FAILURE.
I50.41 ACUTE COMBINED SYSTOLIC (CONGESTIVE) & DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.42 CHRONIC COMBINED SYSTOLIC (CONGESTIVE) AND DIASTOLIC (CONGESTIVE) HEART FAILURE
I50.43 ACUTE ON CHRONIC COMBINED SYSTOLIC & DIASTOLIC (CONGESTIVE) HEART FAILURE
I01.8 OTHER ACUTE RHEUMATIC HEART DISEASE
I09.81 RHEUMATIC HEART FAILURE (CONGESTIVE)
I27.0 PRIMARY PULMONARY HYPERTENSION
I27.89 OTHER SPECIFIED PULMONARY HEART DISEASE
I27.9 PULMONARY HEART DISEASE UNSPECIFIED
I50.9 HEART FAILURE UNSPECIFIED
I50.1 LEFT VENTRICULAR FAILURE
I50.20 UNSPECIFIED SYSTOLIC (CONGESTIVE) HEART FAILURE
I50.21 ACUTE SYSTOLIC (CONGESTIVE) HEART FAILURE
I50.22 CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
I50.23 ACUTE ON CHRONIC SYSTOLIC (CONGESTIVE) HEART FAILURE
Other: _____

Sleep Codes

- G47.30 SLEEP APNEA, UNSPECIFIED
G47.10 HYPERSOMNIA
F51.01 PRIMARY INSOMNIA
G47.33 OBSTRUCTIVE SLEEP APNEA, ADULT PEDIATRIC
R09.02 HYPOXEMIA

Date Patient Was Last Seen in Consultation: ____/____/____

My signature below certifies that the named patient above is having an awake/ overnight oximetry to determine if the patient desaturates while sleeping, and/or qualifies for home nocturnal oxygen:

Physician Signature: _____ Date: _____

PLEASE ATTACH TO THE PATIENT'S TEST FILE BY LOGGING INTO YOUR ACCOUNT
AT VITALISTICS.COM OR YOU CAN FAX THIS FORM TO: (844) 550-9971
QUESTIONS CALL: 844-550-9970

