



Overnight Oximetry Request  
Prescription Order Form

Phone: (352) 293-2810

Nationwide CMS Approved Independent Diagnostic Testing Facility

Fax: (352) 274-9122

**Patient Information**

Patient Name: \_\_\_\_\_  Male  Female DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Ins:  Medicare  Medicaid  Commercial Plan: \_\_\_\_\_ ID#: \_\_\_\_\_

Secondary Ins:  Medicare  Medicaid  Commercial Plan: \_\_\_\_\_ ID#: \_\_\_\_\_

**Please fax insurance cards along with completed paperwork for ALL Non-Medicare Patients.**

Local DME Supplier: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Ordering Physician: \_\_\_\_\_ NPI: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**Patient Diagnosis – One Must be Checked**

- 428.0 (CHF)       780.57 (Unspecified SA)       786.09 (Resp. Abnormality)       493.00 (Asthma – Unspec.)
- 496 (COPD)       493.92 (Asthma – Acute)       391.8 (Heart Disease Other)       428.9 (Heart Failure-Unspec.)
- 786.05 (SOB)       780.51 (Insomnia w/ SA)       780.53 (Hypersomnia w/ SA)       Other:
- 515 (Pulm. Fibrosis)       492.8 (Emphysema – Other)       492.0 (Emphysematous Bleb)

**Diagnostic Orders & Physician Certification**

Overnight Oximetry (CPT Code: 94762) to be performed on:

- Room Air       Oxygen at \_\_\_\_\_ LPM       CPAP/BiPAP/APAP       CPAP/BiPAP w/ Oxygen at \_\_\_\_\_ LPM

By signing below, I certify that I am ordering an overnight pulse oximetry (94762) for this patient listed on this prescription. The DME/HME company shall courier the pulse oximeter and process the data electronically through the IDTF listed above.

Physician Signature: **X** \_\_\_\_\_ Date: \_\_\_\_\_

Physician once signed, fax this form to the DME Courier at:

**DME Courier, please fax this form BEFORE DELIVERING the pulse oximeter to your patient!**