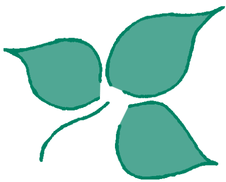

Asbury Medical Supply
"For all your home medical needs"

Fax Order To: **(405) 858-0119**
or
Call In: **(405) 858-0097**

RESPIRATORY – Physician's Order

Patient Name:	Date of Birth:	Phone Number:

Diagnosis:______________________________________

Length of Need (in months 99=Lifetime)__________________

Equipment Request

☐ Oxygen ______LPM Duration:________ SpO_2/PaO_2:_________ Date of Test:___________

☐ Overnight Pulse Oximetry (O_2 Sat Test)

☐ CPAP ______cmH_2O ☐ Heated Humidifier

☐ BiPAP ______IPAP ______EPAP **Sleep Study Required for CPAP and BiPAP**

☐ Nebulizer / Compressor

Other: ☐ Walker with Wheels ☐ Wheelchair ☐ Hospital Bed ☐ Other___________________

Special Instructions / Orders:____

____

Medication to be provided by Asbury Pharmacy

☐ Albuterol ☐ Ipratropium ☐ Budesonide ☐ Cromolyn Sodium

☐ Levalbuterol (Xopenex) _____mg ☐ Albuterol w/ Ipratropium (DuoNeb) ☐ Other_____________

Frequency: ☐ QD ☐ BID ☐ TID ☐ QID ☐ Q4H ☐ Other__________

Physician Signature:	Phone Number:	UPIN:
Physician Name:	**Date:**	**Order Sent to Asbury Medical By:**

6719 N. May Avenue • Oklahoma City, OK 73116 • Phone: **(405) 858-0097** • Fax: **(405) 858-0119**