



R.T. Respiratory Services Inc.

Over 30 Years Serving...

RESPIRATORY REFERRAL FORM

Please call 1-800-267-5535 after hours for immediate assistance.

Toll Free Fax: 1-844-407-0202
 Toll Free Phone: 1-800-267-5535
 Email: rt@rtresp.com

PATIENT INFO

Date: _____

Last Name: _____ First: _____ Sex M F

Address/Facility: _____

City: _____ Postal Code: _____ Telephone Number (Daytime) _____

Telephone Number (Evening): _____ Cell Phone Number: _____

D.O.B. (MM/DD/YY): _____ Health Card #: _____

OXYGEN THERAPY

Diagnosis: _____

Initiate Palliative O2: Maintain SpO2 greater than 89%, or SpO2 _____ - _____ %

Initiate Home O2: Maintain SpO2 greater than 89%, or SpO2 _____ - _____ %

Oxygen Assessment: includes oximetry testing on room air at test, on exertion and/or nocturnal

If patient qualifies for funding through the MOH, initiate home O2 to maintain SpO2 greater than 89%, or SpO2 _____ - _____ %

Prescription

_____ LPM

_____ Hrs/Day

RESPIRATORY EQUIPMENT/SUPPLIES

Aerosol Compressor Suction Supplies _____

Overnight Oximetry Testing On CPAP Therapy Off CPAP Therapy

Physician Signature: _____ Physician Name: _____

Office Phone: _____ Office Fax: _____

Comments: _____



R.T. Respiratory Coverage Area



Community People... Serving the Community.