MedPro Respiratory Care

ACCREDITED WITH EXEMPLARY STANDING
ACCREDITATION AGREEMENT CANADA

Complete and fax to 1-416-747-8310
After hours, weekends and holidays please call 1-416-747-8300

Home Oxygen Requisition

Greater Toronto Area

PATIENT INFORMATION

Last Name: _____ First Name: _____ Date of Birth: ____ ____ _____
MM DD YYYY

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____ Health Card #: _____ VC ___

Family contact name/phone: _____

❑ Male Diagnosis: _____

❑ Female _____

REFERRAL INFORMATION

Physician Last Name: _____ Physician First Name: _____

Phone: _____ Ext: _____ Fax: _____

Hospital:_____ Physician's OHIP Billing #: _____ Discharge Date: ____ ____ _____
MM DD YYYY

HOME OXYGEN

❑ Home Oxygen Assessment ❑ Overnight Oximetry

❑ Home Oxygen Prescription ____ LPM ____ Hours/Day Maintain Oxygen Saturation above _____%

If oxygen prescription varies, PLEASE indicate:

	Rest	Exertion	Nocturnal
O2 Flow Rate			
Hours Per Day			

Aterial Bood Gas: Date _____ _____ _____
MM DD YYYY

PO2_____ PCO2_____ PH_____ HCO3_____ SaO2_____

❑ **Palliative patient (NO ABG RESULTS REQUIRED)**

Notes: _____

_____

Physician Name: _____ Physician Signature: _____

Date: _____ Phone: _____

MEDICAL ELIGIBILITY CRITERIA FOR LONG-TERM HOME OXYGEN THERAPY

The applicant must meet the one of the following:

1. PaO2 ≤ 55 mmHg, **OR**

2. PaO2 56-60 mmHg with SaO2 89-90% with one of the following condition:

- Cor Pulmonale
- Pulmonary Hypertension
- Persistent Erythrocytosis

OR

- Exercise limited by Hypoxemia (SaO2 ≤ 88%) and documented to improve with supplemental oxygen
- Nocturnal Hypoxemia

MEDICAL ELIGIBILITY CRITERIA FOR HOME OXYGEN THERAPY FOR PALLIATIVE CARE

- Maximum funding period of 90 days
- No ABG's Required

MEDICAL ELIGIBILITY CRITERIA FOR SHORT TERM OXYGEN THERAPY (New as of March, 2016)

The ADP provides funding for short-term oxygen therapy for applicants whose medical condition is not stabilized and treatment regimen is not optimized.

The applicant must:

- Be in the emergency department and require home oxygen therapy to be discharged.
- Be an inpatient in an acute care hospital and require home oxygen therapy to be discharged.

1. PaO2 ≤ 55 mmHg, **OR** SaO2 ≤ 88%

2. PaO2 56-60 mmHg with SaO2 89-90% with one of the following condition:

- Cor Pulmonale
- Pulmonary Hypertension
- Persistent Erythrocytosis

OR

- Exercise limited by Hypoxemia (SaO2 ≤ 88%) and documented to improve with supplemental oxygen
- Nocturnal Hypoxemia

RESPIRATORY SERVICES AVAILABLE FROM MEDPRO RESPIRATORY CARE

- PAP/BiLevel (BiPAP) Therapy
- Ashtma and Aerosol Supplies
- Suction and Tracheostomy Supplies

Offices Serving GTA: Etobicoke • North York • Pickering
Toll Free Phone: 1-416-747-8300 Fax: 1-416-747-8310 www.medprorespiratory.com