

**BREATHE EASY RESPIRATORY HOME CARE INC.**

458 Central Ave., London, ON N6B 2E5  
Tel: 519-439-1166 Fax: 519-439-5665  
Email: [breatheeasy@rogers.com](mailto:breatheeasy@rogers.com)

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

Facility: \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Health Card: \_\_\_\_\_ DOB: \_\_\_\_\_

Referring Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**Oxygen Therapy Required:**

Date of ABG's \_\_\_\_\_ pH \_\_\_\_\_ PaO<sub>2</sub> \_\_\_\_\_ PaCO<sub>2</sub> \_\_\_\_\_ O<sub>2</sub> Saturation \_\_\_\_\_

Oxygen Prescription: \_\_\_\_\_

- Regular Program (Have qualifying diagnosis such as COPD, CHF, Neuromuscular disorders and ABG's with a PO<sub>2</sub> of 55 mmHg of less)
- Palliative Program (Diagnosis such as Cancer, End-Stage CHF and End-Stage COPD, does not require ABG's and will qualify for oxygen funding for 3 months)
- Self-Pay (Does not meet funding criteria and family has agreed to pay \$10/day up to \$300/month. Conditions that would fall under this category include pneumonia)
- Oxygen Assessment Requested

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