



233 Horton St. E., London, ON N6B 1L1  
Tel: 519-439-1166 Fax: 519-439-5665  
Email: [breatheeasyresp@gmail.com](mailto:breatheeasyresp@gmail.com)



Patient Name:  Date:   
Facility:  Phone:   
Diagnosis:   
Health Card:  DOB:   
Referring Physician:

**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 or 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 agreed to pay \$10/day up to \$300/month. Conditions that would fall under this category include pneumonia)
- Oxygen Assessment Requested