

KESLING HOME HEALTH CARE  
P.O. Box 328 / 1115 W Market St / Logansport, IN 46947  
Phone: (574) 735-0082 Fax: (574) 753-3910  
NPI: 1568642056 Tax ID: 351994022

## OXYGEN ORDERS

**Patient:**  
**DOB:**  
**Address:**  
**Phone:**

**Diagnosis:**

(Check only orders that apply)

- Home Oxygen Concentrator – E1390 Qty: 1 unit / monthly rental  
 During Sleep  Through PAP Device
- Portable Gas Oxygen Homefill System – K0738 Qty: 1 unit / monthly rental
- Patient is mobile within the home
  - May use conserving device as tolerated
- Portable Oxygen Concentrator – E1392 Qty: 1 unit / monthly rental
- Patient is mobile within the home
- 24 Hours / Day  
 During Exercise
- Length of Need:  
 Liter Flow: \_\_\_ Lpm  
 Nasal Cannula  
 Replacement Supplies: Cannulas, Tubing, Connectors, etc. - as needed

I, the undersigned, certify that the above prescribed equipment and or supplies are medically necessary as part of my treatment for this patient. In my opinion, the equipment and or supplies prescribed are both reasonable and necessary for the accepted standards of medical practice and treatment of this patients condition. Neither the equipment and or supplies are being prescribed as "convenience equipment".

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

Physician's Information: (Please correct the following information if necessary)

Name:  
NPI:  
Address:  
Phone:

Fax: