



Does patient have oxygen  
available for testing at home?

[ ] Y [ ] N



**Apogee Health Solutions, PC**

**"Your best choice for O2 Testing"**

Administrative Offices located at:

5750 Division Street

Suite 208 ~ Riverside, CA 92506-3260

Ph: (951) 368-0428 ~ Fax: (951) 368-0429

## TEST / EVALUATION REQUEST

### Patient Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ D.O.B. \_\_\_\_\_ Sex: M / F

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ ALT Phone \_\_\_\_\_

Primary Insurance \_\_\_\_\_ Policy # \_\_\_\_\_

1st Dx \_\_\_\_\_ ICD-10 \_\_\_\_\_

2nd Dx \_\_\_\_\_ ICD-10 \_\_\_\_\_

Current Resp. Medications \_\_\_\_\_

### Test/Service Requested

[ ] Home Physician Eval. (O2 Certification)

[ ] Oximetry Study w/Exercise

DME:

CONTACT REP:

Phone:

Fax:

Physician Name \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

NPI # \_\_\_\_\_ CA LIC # \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_