



Oxygen Prescription

Tel: 905 494 6205

Date: _____ YYYY/MM/DD

Patient Name: _____ Health Card #: _____

Please complete this oxygen prescription for your patient:

Current oxygen dosage: Oxygen at 1pm by nasal prongs for respiratory signs/symptoms. Oxygen to be discontinued at RRT discretion once patient can perform baseline ADL's while maintaining SpO2 > 92% on room air

Continue with current dosage above

Change dosage to: _____

Discontinue oxygen therapy (**Please return by fax to:** 905 494 6704)

Prescriber Name: _____

Prescriber Signature: _____

Physician Nurse Practitioner

My signature confirms that I have obtained the patients consent to collect, use and disclose his/her personal information to ProResp Inc.

Please sign above Rx update and fax back to our office at 905 494 6704
Thank you