



National Diagnostic Services, LLC.

110 W. Reynolds Street, Suite #105

Plant City, FL 33563

Phone: 877-582-0202 Fax: 866-636-0202

Overnight Oximetry Testing Prescription

Patient Intake Information

Patient Name: _____ DOB: _____

Address: _____ City / St / Zip: _____

Phone: _____ SSN: _____ Gender: M: F:

DME Provider Information: Name: _____ Phone: _____

City: _____ State: _____ Fax: _____

NOTICE: The DME provider listed above is not affiliated with diagnostic medical testing. The DME provider will deliver the pulse oximetry testing equipment to the patient, retrieve the equipment and electronically transmit the data from the equipment to National Diagnostic Services. Any questions related to the use or operation of the pulse oximetry testing equipment or your test should be directed to National Diagnostic Services.

Prescription / Diagnosis To Be Completed By The Physician

Description of Services Included by Physician:

94762 - On Room Air 94762- On O2 @ _____ LPM 94762- On Cpap/ Bipap

Diagnosis (Please check all the apply):

CHF COPD Dyspnea/Hypoxia Heart Failure Unspecified Emphysema SOB OSA
 Sleep Apnea Respiratory Abnormality Other: _____

Physician Attestation and Signature / Date

I certify that I am the treating physician as identified on this form. Any statement has been reviewed and signed by me. I certify that the above is true, accurate, and complete to the best of my knowledge, and understand that any falsification, omission, or concealment of material fact may subject me to civil or criminal liability.

X _____

Physician Signature

Date

Physician's Name Printed: _____

NPI #: _____ Fax #: _____

UPIN #: _____ Phone #: _____

Address: _____

City / State / Zip: _____

Please fax completed prescription to: 877-582-0202