



COVID-19 Oxygen Therapy Order

Order Date _____ Start Date _____

Patient Name _____ M ___ F ___ DOB _____ HT _____ WT _____

Length of Need Lifetime Other _____

Principal Diagnosis And Associated Manifestations

U07.1 COVID-19 _____

J12.81 Pneumonia due to SARS-associated coronavirus

J20.8 Acute bronchitis due to other specified organisms

J40 Bronchitis, not specified as acute or chronic

J22 Unspecified acute lower respiratory infection

J98.8 Other specified respiratory disorders

J80 Acute respiratory distress syndrome (ARDS)

R06.0 Dyspnea

R05 Cough

Equipment Order

(1) Oxygen Concentrator (E1390) _____ LPM (0-5)

(1) Portable Oxygen (E0431)

Oxygen Gas Contents (E0443)

Frequency Continuous Nocturnal Other _____

Administration Nasal Cannula PAP bleed in Trach

Physician Name _____ NPI _____

Physician Signature _____