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Prescription for Pulse Oximeter

Date of Order: _____

Patient Demographics:

Name: _____ Sex: _____ DOB: _____
Address: _____ City: _____ State: _____ Zip: _____
Home phone: _____ Work phone: _____

Referring Physician Demographics:

Physician Name: _____ UPIN: _____ NPI: _____

Qualifying Diagnoses:

Sleep Related Diagnoses:

- 327.21 PRIMARY CENTRAL SLEEP
327.23 OSA (OBSTRUCTIVE SLEEP APNEA)
327.24 IDIOPATHIC SLEEP RELATED NON OBSTRUCTIVE ALVEOLAR HYPOVENT
327.25 CONGENITAL CENTRAL ALVEOLAR HYPOVENTILATION SYNDROME
327.26 SLEEP RELATED HYPOVENT / HYPOX IN CNS CLASSIFIED ELSEWHERE
327.27 CENTRAL SLEEP APNEA IN CONDITIONS CLASSIFIED ELSEWHERE
404.01 HPN HEART & CKD, MALIGNANT, W/ HEART FAILURE & W/ C.K.D.
780.51 INSOMNIA WITH SLEEP APNEA, UNSPECIFIED
780.53 HYPERSOMNIA WITH SLEEP APNEA, UNSPECIFIED
780.54 HYPERSOMNIA UNSPECIFIED
780.57 UNSPECIFIED SLEEP APNEA
786.03 APNEA
786.04 CHEYNE-STOKES RESPIRATION
786.06 TACHYPNEA - (RAPID BREATHING)
OTHER: PLEASE SPECIFY _____

Respiratory Related Diagnoses:

- 162.2-162.9 MALIGNANT NEOPLASM OF BRONCHUS & LUNG UNSPECIFIED
327.22 HIGH ALTITUDE PERIODIC BREATHING
416.8 OTHER CHRONIC PULMONARY HEART DISEASES
416.9 CHRONIC PULMONARY HEART DISEASE UNSPECIFIED
491.20 - 491.21 OBSTR CRON BRONC W / O EXACERB- OBSTR C.B. (ACUTE)
492.0 - 492.8 EMPHYSEMATOUS BLEB - OTHER EMPHYSEMA
493.00 - 493.92 EXT ASTHMA UNSPEC- ASTHMA UNSPEC WITH A.E.
494.0 - 494.1 BRONCHIECTASIS W / O AE - BRONCHIECTASIS W/ A.E.
496 CHRONIC AIRWAY OBSTR NOT ELSEWHERE CLASSIFIED (COPD)
515 POSTINFLAMMATORY PULMONARY FIBROSIS
518.5 PULMONARY INSUFFICIENCY FOLLOWING TRAUMA AND SURGERY
518.81 - 518.89 ARF -OTHER DISEASE OF LUNG NOT ELSEWHERE CLASSIFIED
780.09 ALTERATION OF CONSCIOUSNESS OTHER
786.05 SHORTNESS OF BREATH (SOB or SOA)

Respiratory Related Diagnoses (Cont):

- 786.07 WHEEZING
786.09 RESPIRATORY ABNORMALITY OTHER (e.g. SNORING)
799.01 ASPHYXIA
799.02 HYPOXEMIA-HYPOXIA
OTHER: PLEASE SPECIFY _____

Cardiac Related Diagnoses:

- 391.8 OTHER ACUTE RHEUMATIC HEART DISEASE
398.91 RHEUMATIC HEART FAILURE (CONGESTIVE)
402.01 MALIGNANT HPN HEART DISEASE W/ HEART FAILURE
402.11 BENIGN HPN HEART DISEASE W/ HEART FAILURE
402.91 UNSPECIFIED HPN HEART DISEASE WITH HEART FAILURE
404.01 HPN HEART & CKD, MALIGNANT, W/ HEART FAILURE & W/ C.K.D.
404.03 HPN HEART & CKD, MALIGNANT, W/ HEART FAILURE & W/ C.K.D.
404.11 HPN HEART & CKD, BENIGN, W/ HEART FAILURE & W/ C.K.D.
404.13 HPN HEART & CKD, BENIGN, W/ HEART FAILURE & C.K.D. V R
404.91 HPN HEART & CKD, UNSPECIFIED, WITH HEART FAILURE & W/ C.K.D.
404.93 HPN HEART & CKD, UNSPECIFIED, W/ HEART FAILURE & C.K.D
416.0 PRIMARY PULMONARY HPN
428.0 CONGESTIVE HEART FAILURE UNSPECIFIED - (CHF)
428.1 LEFT HEART FAILURE
428.20 UNSPECIFIED SYSTOLIC HEART FAILURE
428.21 ACUTE SYSTOLIC HEART FAILURE
428.22 CHRONIC SYSTOLIC HEART FAILURE
428.23 ACUTE ON CHRONIC SYSTOLIC HEART FAILURE
428.30 UNSPECIFIED DIASTOLIC HEART FAILURE
428.31 ACUTE DIASTOLIC HEART FAILURE
428.32 CHRONIC DIASTOLIC HEART FAILURE
428.33 ACUTE ON CHRONIC DIASTOLIC HEART FAILURE
428.40 UNSPECIFIED COMBINED SYSTOLIC AND D.H.F.
428.41 ACUTE COMBINED SYSTOLIC AND D.H.F.
428.42 CHRONIC COMBINED SYSTOLIC AND D.H.F.
428.43 ACUTE ON CHRONIC COMBINED SYSTOLIC AND D.H.F.
428.9 HEART FAILURE UNSPECIFIED
OTHER: PLEASE SPECIFY _____

Physician Signature: _____ Date: _____