

Document Oxygen Saturations

If The Test Performed During Exercise:

Patient Name: _____ Date: _____

Date of Birth: _____

**** Testing to be done within 48 hours of discharge or 30 days prior to set up if not being ordered from a discharging facility****

O2 Sat _____ % on room air via oximetry at rest
(If this is 88% or below no other testing is needed)

_____ % on room air while exercising

_____ % on oxygen _____ lpm while exercising

Clinician Name Printed: _____

Clinician Signature: _____

To Qualify for Oxygen at Night:

Patient Name: _____ Date: _____

****Overnight Oximetry is needed.****

****Testing to be done within 48 hours of discharge.****