

815 NW 25th Ave, Unit A  
Ocala, FL 34475  
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## PHYSICIAN ORDER FORM

### PATIENT INFORMATION

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### EQUIPMENT

Oxygen Concentrator – Stationary \_\_\_\_\_ LPM \_\_\_\_\_ Hours/Day

Oxygen Concentrator – Portable \_\_\_\_\_ LPM Pulse and/or Bolus

CPAP Machine \_\_\_\_\_ cmH2O

Auto CPAP Machine \_\_\_\_ Min \_\_\_\_ Max

BiPAP Machine \_\_\_\_\_ IPAP \_\_\_\_\_ EPAP

### PHYSICIAN INFORMATION

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: \_\_\_\_\_ State Lic. #: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please Note:** Altra Service Professionals, Inc. is not a home care company. ASP does not provide clinical services, emergency services, backup equipment, rental equipment, or any other services commonly associated with a home care company. The above referenced customer has placed a private pay order to purchase a medical device requiring a physician's order or prescription. **PLEASE FAX COMPLETED FORM TO (888) 551-0785.**