COVID-19 Pulse Oximeter Referral Form

Please complete the following information to refer your patient for a pulse oximeter to allow your patient to monitor their oxygen levels at home.

Patient Name: ____

Address: ____

Phone Number: ____

Does your patient have a history of the following:

	YES	NO
Asthma	☐	☐
Smoking	☐	☐
Cardiac Disease	☐	☐
Diabetes	☐	☐
COPD	☐	☐

Additional Relevant Medical History

Referring Physician: ____

Clinic: ____

Please fax your completed referral to 780.479.7184.