APRIA®

Portable Oxygen Concentrator Oximetry Titration Results

Patient name _____ Date of test _____
LAST FIRST

Patient address _____ DOB _____

ACIS # _____ MBI/INS ID # _____ Email _____

Portable Oxygen Concentrator (POC)

Make _____ Model _____

RESULTS

AT REST

POC setting _____ Oxygen saturation _____% Heart rate _____ Respiratory rate _____

WHILE AMBULATING

Number of minutes walking _____

POC setting _____ Oxygen saturation _____% Heart rate _____ Respiratory rate _____

OUTCOME

Patient instructed to:

- **Use the POC at a setting of _____ at rest.**
- **Use the POC at a setting of _____ while ambulating.**

Comments:

Prescriber name _____ **Prescriber email** _____

Prescriber address _____

Fax _____ **Date copy faxed to prescriber** _____

SIGNATURE

RCP signature _____ **Date** _____

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