

Pediatric Application for Home Oxygen Funding

Saskatchewan Aids to Independent Living
3475 Albert Street
Regina, SK S4S 6X6
Phone: 1-306-787-7121
or 1-888-787-8996

Date: _____ (dd/mm/yyyy)

Patient Identification

Name: _____ Health Services Number: _____
Telephone: _____ Date of Birth: _____
Street Address or P.O. Box: _____ City/Town: _____ Province: _____ Postal Code: _____

Prescription

- Continuous oxygen with the Rx Flow: _____ lpm via nasal cannula
- Continuous oxygen with the Rx Flow: _____ lpm entrained into CPAP, BIPAP, Ventilator or AIRVO
- Nocturnal oxygen with the Rx Flow: _____ lpm with diagnosis: _____
- Nocturnal oxygen with the Rx Flow: _____ lpm entrained into CPAP, BIPAP, Ventilator or AIRVO
with diagnosis: _____
- Coverage for a concentrator in addition to cylinders is requested. Reason: _____

Prescriber – Respiriologist, Neonatologist or Pediatrician

Name: _____ Telephone: _____ Date: _____
Street Address or P.O. Box: _____ City/Town: _____ Province: _____ Postal Code: _____

Prescriber's Signature: _____

Follow-up Prescriber (if the renewal should be sent to another prescriber, please specify below).

Name: _____ Telephone: _____
Street Address or P.O. Box: _____ City/Town: _____ Province: _____ Postal Code: _____

Patient's Supplier Selection

Please mark your choice of oxygen supplier below and sign where indicated. It is recommended that you contact more than one supplier before making your selection. Your supplier will require a copy of this requisition and your signature in order to seek payment from Saskatchewan Health.

Careica Health Medigas Prairie Oxygen Ltd.
A Praxair Company

Parent/Guardian Signature: _____