

## Ministry of Health Saskatchewan Aids to Independent Living (SAIL) 3475 Albert Street

Regina, SK S4S 6X6

306-787-8679 Fax

306-787-7121 or 1-888-787-8996 Telephone

## **Pediatric Application for Home Oxygen Funding**

Client Identification  Surname First Name Middle Initial  Sastatchewan Health Services Middle Sastatchewan Health Services City/Town/Village Frowince First Name  Date of birth Immiddlywy) Middle Initial  Sastatchewan Health Services City/Town/Village Province Postal Code Postal Code Postal Code Postal Code  Province Postal Code Postal Code  Province Postal Code  Posta		Requisition Date:													
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Saskatchewan Health Services   Date of birth   Date of birth   Health Services   Date of birth   Health Services   Date of birth   Date of	Client Identification														
Health Services   Manual Common Commo	Surname First						st Name					Middle Initial			
Province	Health Services							mm	dd	уууу			ı		
Home Telephone Number (include area code)  Business or Cell Telephone Number (include area code)  Extension (if applicable)  Prescription    continuous oxygen with the Rx Flow:	Address														
Prescribtion  continuous oxygen with the Rx Flow:Ipm via nasal cannula  continuous oxygen with the Rx Flow:Ipm entrained into CPAP, BIPAP, Ventilator or AIRVO  nocturnal oxygen with the Rx Flow:Ipm with diagnosis:  nocturnal oxygen with the Rx Flow:Ipm entrained into CPAP, BIPAP, Ventilator or AIRVO with diagnosis:  coverage for a concentrator in addition to cylinders is requested. Reason:  Prescriberg Respirologist, Neonatologist or Pediatrician  Prescriberg Name  Prescriberg Signature:  CRy, Town, or Village  Province Allow Manuel  Physician providing follow-up (if the renewal should be sent to another physician please specify)  Name  Telephone Number  Telephone Number  Postal Code  Patient's Supplier Choice  Medigas Prairie Oxygen Provincial Home RANA Home VitalAire  Parent/Guardian Signaturp	City/Town/Village								Province			Postal C	ode		
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Prescriber's signature:  Address  City, Town, or Village  Province WWWWWWJostal Cod^  Date y y / m m m / d d  Physician providing follow-up (If the renewal should be sent to another physician please specify)  Name  Telephone Number  City, Town, or Village  Province  Patient's Supplier Choice  Medigas  Prairie Oxygen  Provincial Home  RANA Home  VitalAire  Parent/Guardian Signature	Prescribing Respirolog	ist, Neonato	logist or	Pediatrician											
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