



Canadian Central Medical Referral Inc.
Integrated Medical Services Network

SERVING TORONTO AND THE GTA

LONDON KITCHENER HAMILTON MILTON OAKVILLE MISSISSAUGA BRAMPTON BARRIE NORTH YORK TORONTO RICHMOND HILL SCARBOROUGH MARKHAM DURHAM PICKERING AJAX WHITBY OSHAWA LINDSAY PETERBOROUGH COBOURG

HOME OXYGEN REFERRAL

Please fill in all information and email or fax to our office. Patients will be contacted directly.

E-mail: referrals@medreferral.ca Toll Free Fax: 1-855-566-8498 Toll Free Phone: 1-855-434-7373

Client Data

Last: _____
 First: _____
 D.O.B: _____ Male Female
 Health Card No: _____ VC: _____
 Address: _____
 _____ Postal Code: _____
 Phone: (H) (____) _____ (C): (____) _____
 E-mail: _____
 Contact Person: _____
 Contact Phone: _____

Referring Physician Information

Name: _____
 OHIP Billing No: _____
 Address: _____

 Phone: (____) _____
 Fax: (____) _____
 Family Physician (if different from above): _____
 Signature: _____ Date: _____

Home Oxygen Assessment Only

Our office will contact your patient to arrange an in-home assessment conducted by one of our Registered Healthcare Professionals. The results will be forwarded to your office for review.

Ontario Home Oxygen Program Funding Criteria

- Resting Oxygen – PaO₂ ≤ 55 mmHg or PaO₂ 56-60 mmHg accompanied with nocturnal or exertional desaturation of ≤ 88%
- Exertional Oxygen – IEA required from an Independent Health Facility (Vendor will request a referral if required)

Diagnosis: _____

Communicable Disease: _____

Physician Comments:

Home Oxygen Assessment & Set-up

Prescription: _____ *lpm 24 hrs* or
 _____ *lpm prn* or
 _____ *lpm nocturnal*

Diagnosis: _____

Communicable Disease: _____

ABG Information:

ABG's ph: _____ Date: _____
 PaO₂: _____
 PCO₂: _____
 SaO₂: _____

Palliative

- In the absence of an oxygen flow rate, the client will be set at 2 lpm until an assessment has been conducted by one of our Registered Healthcare Professionals. Assessments are arranged within one business day. The results will be forwarded to your office for review.

Physician Comments: