

Apogee Prescription

Simply order the Apogee System the same as you would with any portable oxygen prescription.

Feel free to use your own Rx system or fill out the form below and fax us a copy to 636-778-1050.

- Patient Name: _____
- Patient Date of Birth: ____ / ____ / _____
- Applicable Diagnosis: _____
- Apogee portable Oxygen System @ _____ flow setting (1 - 6) via nasal cannula
 - Or adjust flow setting to keep O₂ Saturation to _____ % via nasal cannula
- Dispense portable oxygen cylinder (circle):

M4

M6

D

E

Other: _____

- Physician Name: _____
- Physician Signature: _____
- Date: ____ / ____ / _____
- NPI # : _____
- Office # : _____



Office: 636-778-1926
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