

VA CLINICAL RECORD

Outpatient Supplemental Oxygen Installation and Service Record

Installation/Service Date : / /  
(circle one)

Patient Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address (Residence): \_\_\_\_\_

Address (Mailing) : \_\_\_\_\_

Phone : \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Vendor : \_\_\_\_\_ **RCP:** \_\_\_\_\_

Stationary Unit

MFG: \_\_\_\_\_ Model #: \_\_\_\_\_

Serial #: \_\_\_\_\_ Current Hours: \_\_\_\_\_

**P.M.** Due: \_\_\_\_\_ Owned by: \_\_\_\_\_

Ambulatory Unit

MFG: \_\_\_\_\_

Serial #: \_\_\_\_\_ Flow range: \_\_\_\_\_

P.M. Due: \_\_\_\_\_ Owned by: \_\_\_\_\_

Installation Instructions Include:

- Operational use of equipment
- Oxygen safety
- Emergency Number
- Use only prescribed flow
- Cleaning & maintenance
- Electrical safety
- When to call medical company
- Comprehension of instructions

Installation Advisements Include:

- VAMC/Medicare financial support
- Right to refuse and consequences
- Service complaint process

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Maintenance Evaluation Includes:

- Flow rate
- electrical ground
- Clean & properly maintained
- electrical cords
- Percent of Oxygen concentration
- Alarms
- Filters

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Patient and/or Family Signature: \_\_\_\_\_