



Dynaris Apogee® Prescription – Chronic Conditions

To order the Apogee® Dynamic Oxygen Delivery System for chronic health conditions requiring oxygen therapy, please complete the form below and fax to: **(636) 778-1050**

Patient Information

Patient's Name: _____ **Phone #:** _____

Date of Birth: _____ **Address:** _____

Diagnosis: (check one)

- | | | |
|---------------------------------|---|--|
| <input type="checkbox"/> COPD | <input type="checkbox"/> Pulmonary Fibrosis | <input type="checkbox"/> Cystic Fibrosis |
| <input type="checkbox"/> CHF | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Long COVID |
| <input type="checkbox"/> Stroke | <input type="checkbox"/> Cancer | <input type="checkbox"/> Other: _____ |

Prescription Information

Substitutions, including concentrators, are not permitted.
Concentrator gas may contain nitrogen and argon, resulting in lower and variable delivered oxygen concentrations compared to compressed medical oxygen. These gas composition differences may impair effective oxygen delivery at the alveolar level.

Apogee® Dynamic Delivery Setting:

- | | | |
|---|---|---|
| <input type="checkbox"/> Titrate to optimal SpO ₂ | <input type="checkbox"/> Setting 1 (10 mL/breath) | <input type="checkbox"/> Setting 1.5 (15 mL/breath) |
| <i>The physician should titrate the patient and periodically reassess settings to ensure effectiveness.</i> | <input type="checkbox"/> Setting 2 (20 mL/breath) | <input type="checkbox"/> Setting 2.5 (25 mL/breath) |
| | <input type="checkbox"/> Setting 3 (30 mL/breath) | <input type="checkbox"/> Setting 4 (40 mL/breath) |
| | <input type="checkbox"/> Setting 5 (50 mL/breath) | <input type="checkbox"/> Setting 6 (60 mL/breath) |

Portable Oxygen Cylinder Size: M-6 (B) M-24 (E) Other: _____

Prescribe Dynaris Rx Pulse Oximeter (Patient Cost: \$16.50): Yes No

Physician Information

I certify that this system is prescribed as medically necessary for my patient's care.

Physician's Name: _____ **Signature:** _____

Date: _____ **NPI #:** _____

Office #: _____ **Fax #:** _____



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