



McKenzie-Willamette
M E D I C A L C E N T E R

Respiratory Therapy Order Form

Phone #: 541-744-6000 | Fax #: 541-744-6053

Appointment Date: _____ **Time:** _____

Patient Name: _____

DOB: _____ **SSN:** _____

Diagnosis: _____

ICD-9- Code: _____

Physician Signature: _____

Please fax overnight oximetry results if available, and recent History and Physical or Chart notes with this order form.

Our scheduling center will contact your patient to schedule an appointment.

Thank you.