



American HomeCare Equipment

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Parachute / Careport / Go Scripts / DME Scripts

Oxygen Saturation Test

Patient's Name: _____ DOB: _____

Date of Test and Time: _____

O2 Saturation on Room Air Rest: _____ %

O2 Saturation While ambulating on Room Air: _____

O2 Saturation While Ambulating on _____ Liters per minute of Oxygen _____ %

Clinical Professional Conducting Test Signature and Title: _____

Physician Signatura confirming O2 test reviewed: _____