Date:

**REFERRAL FORM FOR LOAN OF OXYGEN CONCENTRATOR**

**(To be filled in by registered medical doctor)**

Patient name: Date of assessment:

NRIC:

I have examined the abovenamed patient on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (CAC / Hospital / Clinic) and hereby certify that he can be temporarily monitored at home for the time being.

His current status is as follows:

Covid-19 Category: 1 / 2 / 3 / 4

BP: \_\_\_\_\_\_\_\_\_\_ mmHg

Pulse rate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ beats per minute

Respiratory rate: \_\_\_\_\_\_\_\_\_ breaths per minute

SpO2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on room air

The patient should use the oxygen concentrator at the following settings: \_\_\_\_\_\_\_\_ L/min

Situations that warrant patient to return to the hospital immediately:

1. Oxygen saturation persistently below 90% despite on \_\_\_\_\_ L/min oxygen setting.
2. …
3. …

Yours sincerely

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Signature and official stamp)

Name of doctor:

MMC No:

Institution:

Official contact number (for clarification purposes):