

McLAREN REGIONAL MEDICAL CENTER

Flint, Michigan

PULMONARY REHABILITATION

Phone: (810) 342-5370 • Fax: (810) 733-6965

OXYGEN SATURATION RECORD

Dr. \_\_\_\_\_,

Your patient, \_\_\_\_\_, is currently participating in Pulmonary Rehab.

The following oxygen saturation levels were measured during class.

Date	Rest SaO2		Exercise SaO2		Comments
	%	lpm	%	lpm	

Please check your recommendation below, sign and date, then fax to (810) 733-6965. If you have any questions please call us at (810) 342-5370.

Staff Member: \_\_\_\_\_

- Increase O2 to \_\_\_\_\_ lpm with exercise only.
- Hold exercise. Have patient make an appointment at my office.
- Discontinue use of conserving device.
- Other: \_\_\_\_\_

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date



PT.

MR.#/RM.

DR.