

McLAREN FLINT
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.