

\*\*\*\*TIME SENSITIVE RX REQUEST \*\*\*\*

Dear Doctor,

Your patient is in the process of purchasing the Inogen One Portable Oxygen Concentrator from us. We are required to have an Rx on file for every system sold within 24 hours of order placement. **Please write us a new Rx using the form below.** On behalf of your patient and our company, thank you!

# INOGEN ONE®

See more about us at [www.inogen.com](http://www.inogen.com)

Patient Name:

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Address:

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Physician Name:

License Classification:

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Address:

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Phone:

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Inogen One (Please circle prescribed pulse dose flow setting)\*  
1    2    3    4    5    6

Directions for use/frequency: 24/7 or other: *(specify if needed)*

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Method for administration: Nasal cannula or other: *(specify if needed)*

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\*The Inogen One Oxygen System is a pulse dose only oxygen delivery device. Any order for continuous flow oxygen will be dispensed at the numerical equivalent pulse dose setting.

Doctor Signature:

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Date:

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