



VIRTUOX

No cost software + low cost oximeters =
The industry's most cost effective way to qualify oxygen patients!

Report Change Request Form

Please note that any changes must be submitted within 24 hours of the test upload and must be faxed along with the patient RX and AOB. Change Requests will not be processed for Office Edition Reports.

DME Name: _____ **City:** _____

Patient Name on report: _____ **Reading ID:** _____

DME Contact Name: _____ **Phone #:** _____

Reason for Request:

No patient name changes will be permitted – patient must be re-tested.

Wrong Time / Date **Wrong Physician** **Wrong Test Condition**

Information to Correct:

Wrong Date/Time: _____ **Corrected Date/Time will come from the attached AOB**

VirtuOx will automatically edit time / date on reports that are greater than 30 days old & future dates based on the patients signed Medical Release / AOB; there is NO need to fax in a request for these.

Wrong Physician: _____ **Correct Physician:** _____

Correct Physician Demographics: Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____ **NPI:** _____

Wrong Test Condition: _____ **Correct Test Condition:** _____

Fax to 954-775-3539 with AOB and RX

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