




# Medical Oxygen Order Form


Client details	
Client name: <input type="text"/>	Email: <input type="text"/>
Client address: <input type="text"/>	 Patient: <input type="text"/>
<input type="text"/>	 Family contact: <input type="text"/>
Date of birth: <input type="text"/>	Gender: Male    Female

Funding details	
Funding Body/Hospital: <input type="text"/>	Email: <input type="text"/>
Contact name: <input type="text"/>	 Hospital contact: <input type="text"/>

Oxygen prescription	
At rest: <input type="text"/> l/min: <input type="text"/>	Add comments: <input type="text"/>
Exercise: <input type="text"/> l/min: <input type="text"/>	
Nocturnal: <input type="text"/> l/min: <input type="text"/>	No. of hours per day: <input type="text"/>
Prescribing physician: <input type="text"/>	Provider number: <input type="text"/>
Address: <input type="text"/>	
 : <input type="text"/> Fax: <input type="text"/>	Email: <input type="text"/>
Physician signature: <input type="text"/>	Date: <input type="text"/>

Equipment requirements	
<b>Portable Oxygen Concentrator</b> (pulse dose) Please specify model: <input type="text"/>	<b>Stationary Oxygen Concentrator</b>
<b>Walker bracket</b>	<b>Healthcare Card/Pensioner:</b> Yes    No
	<b>Eligible for Rebate:</b> Yes    No
<b>Portable Oxygen Cylinder:</b>	<b>Stationary oxygen cylinder with integrated regulator:</b>
B size (160L)            Carry bag	TAKEO <sub>2</sub> <sup>®</sup> 5.0 (1000L)
CH size (470L)        Trolley	TAKEO <sub>2</sub> <sup>®</sup> 20 (4100L)
TAKEO <sub>2</sub> <sup>®</sup> 2.8L (590L) with integrated regulator	<b>Stationary oxygen cylinder (standard):</b>
CL (760L)	D size (1500L)    E size (4200L)
<b>Regulator / OCD</b>	Continuous flow regulator    Oxygen conserving device (pulse dose)
Cannula            Mask	Other: <input type="text"/>

Delivery	
Delivery time:    Same day?    Time to be arranged	
Delivery details: (Use this section to add info about languages, hearing, memory issues, time available, family member contact etc.)	
<input type="text"/>	

Please send completed form to:	
e-fax: <b>1800 254 329</b>	<b>Emails:</b> <b>NSW</b> alhorders@airliquide.com <b>SA</b> saorders@airliquide.com
 1300 36 02 02	<b>WA</b> alhwa.orders@airliquide.com <b>QLD</b> alhqld.orders@airliquide.com
	<b>VIC</b> alhvic.orders@airliquide.com

