

Medical Oxygen Order Form

Patient details

Patient name: Email:

Patient address:

Date of birth: ☐ Male ☐ Female

Patient:

Alternative contact:

Secondary contact:

Prescription details

Flow rates

At rest (L/min) (required) Exercise (L/min) Nocturnal (L/min) Usage hrs/day

Equipment options

☐ Concentrator only ☐ Concentrator & backup cylinder ☐ Concentrator & portable cylinder

☐ Backup cylinder only ☐ Portable cylinder only/OCD ☐ Portable oxygen concentrator

Note: An AirLiquide Healthcare representative will be happy to assist you with equipment selection according to your patients requirements.

Prescriber details

Name: contact: Fax:

Address:

Email:

Date:

Hospital details

Funding Body/Hospital: Email:

Contact name: hospital Contact:

DVA: Yes ☐ No ☐

Please Fax completed form to:

NSW (02) 93647476 **QLD** (02)93647497 **SA** (02)93647477 **VIC /TAS** (02) 93647482 **WA /NT** (02) 83102672

alhorders@airliquide.com alhqlorders@airliquide.com alh.saorders@airliquide.com alh.vicorders@airliquide.com alhwaorders@airliquide.com

Phone: 1300 36 02 02

Other products and services provided by Air Liquide Healthcare

- Portable Oxygen Concentrators
- Oxygen Accessories
- OPEP Devices
- Aerosol equipment
- Suction equipment
- PAP Therapy
- Diagnostic studies



Trusted
for over 25
years

Over 100
locations
across
Australia

Thank you for
choosing
Air Liquide
Healthcare