



APPLICATION FOR RENTAL OF OXYGEN THERAPY EQUIPMENT

PATIENT INFORMATION	
Last Name	First Name
NIC No	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address	
Address where equipment will be used :	
Phone No	Mobile
E-mail	
Treating Doctor	Hospital/ Clinic :
Treating Doctor Phone No.	E . Mail :
Bank Account No for Refund of Deposit :	
Bank Name :	Acct No:
Signature	Date :
APPLICANT INFORMATION <i>in case Patient is not Applicant</i>	
Last Name	First Name
NIC No	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address	
Phone No	Mobile No
E-mail	
Bank Account No for Refund of Deposit :	
Bank Name :	Acct No:
Signature	Date :
SURETY INFORMATION	
Last Name	First Name
NIC No	Male <input type="checkbox"/> Female <input type="checkbox"/>
Address	
Phone No	Mobile No
E-mail	
Bank Account No for Refund of Deposit :	
Bank Name :	Acct No:
Signature	Date :

APPLICATION FOR RENTAL OF OXYGEN THERAPY EQUIPMENT

EQUIPMENT TO BE RENTED- Please Tick where appropriate

Kit 1	<input type="checkbox"/>	Oxygen concentrator with Humidifier. 1 Oxygen cylinder complete with Regulator and Humidifier.
Kit 2	<input type="checkbox"/>	Oxygen concentrator with Humidifier. 1 Oxygen cylinder (Regulator and Humidifier to be purchased by client).
Kit 3	<input type="checkbox"/>	2 Oxygen Cylinder with 1 Regulator and Humidifier.
Kit 4	<input type="checkbox"/>	2 Oxygen Cylinder (Regulator and Humidifier to be purchased by client)

Statement and Billing to be sent by Post E. Mail

NOTE : Documents to be submitted with Application

1. NIC and Proof of Address of Applicant, Patient and Surety .
2. Bank account No for refund of deposit
3. Doctor's Prescription

For Payment purposes

Les Gaz Industriels Ltd Juice Account No : 5985 8942

Les Gaz Industriels Ltd MCB Account No : 000 01 0029109

FOR OFFICE USE

Document received (Please tick as appropriate)

	Patient	Applicant	Surety
1. NIC			
2. Proof of Address			
3. Bank account No for refund of deposit			
4. Doctor's Prescription		N/A	N/A

Application Approved: Yes No

Comment:

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Signature Date :