



Application for rental of  
**Oxygen Therapy Equipment**

Customer Account No. (for office use only) .....

▶ **PATIENT INFORMATION**

Last Name ..... First Name .....

NIC No. ....  Male  Female

Address .....

Address where equipment will be used .....

Phone No. .... Mobile No. ....

Email .....

Treating Doctor ..... Hospital/Clinic .....

Treating Doctor Phone No. .... Treating Doctor Email .....

▶ **APPLICANT INFORMATION - in case Patient is not Applicant (relative, any family member)**

Last Name ..... First Name .....

NIC No. ....  Male  Female

Address .....

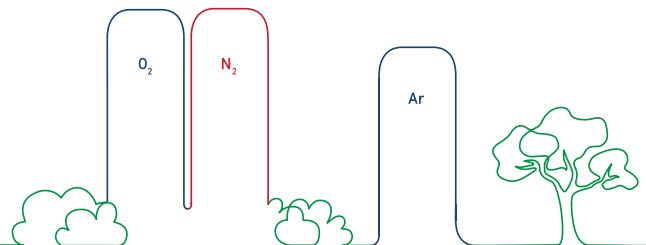
Phone No. .... Mobile No. ....

Email .....

**Bank account number for refund of deposit:**

Bank Name ..... Account No. ....

Signature (upon delivery) ..... Date .....



Application for rental of  
**Oxygen Therapy Equipment**



**LES GAZ INDUSTRIELS LTD.**  
UNE VALEUR SÛRE

▶ **EQUIPMENT TO BE RENTED** - Please Tick where appropriate



See our offer

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

Documents 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

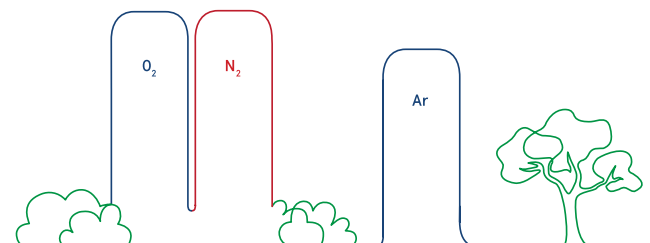
Comments .....

Signature (upon delivery) ..... Date .....



www.gaz-industriels.com

📍 Pailles Road, GRNW, Republic of Mauritius  
☎ +230 212 8306 📠 +230 212 0235  
✉ contactus@gaz-industriels.com  
🚑 Medical Urgencies +230 800 1144



VAT 20080412

BRN C07000817