## Medical Oxygen Equipment Order Form for Aged Care Facilities



Please send order to BOC Healthcare fax: 1800 624 149 or homecare.AU@boc.com. Please send order before 4pm.

Standard deliveries are made on the next day or the next scheduled run.

Same Day and After Hour deliveries subject to availability and service agreement.

For urgent deliveries please contact BOC Healthcare on 1800 050 999 to confirm receipt of order.

\* mandatory fields

Date of or	der* / (DD/MM/YYYY)	Order number*			
Facility ( Facility Na				Facility Account No.*	
Address				Suburb	
State	Post code	Telephone number*		Facsimile Number	
Delivery Type Standard Delivery as per Agreement Name of person ordering*		Same Day Delivery	Other. <i>Please spec</i> Signature*	ify	
Medical	Oxygen Cylinders and Ec	<b>quipment</b> Qty	Qty		Qty
Cylinders	'B' size (160L) 'C' size (460L)	Regulators	Pin –Index Twin-0-Vac	Oxygen Conserving Device Humidifier	, ,
	'CD' Inhalo cylinder (630L) 'D' size (1600L) 'E' (4300L)	Carry Bag/Trolle Other/Comments	<b>y</b> (Please specify)		

## **Medical Oxygen Concentrators – Patient Information**

Patient Account No. Resident's First Name Resident's Surname

 Concentrator Type
 Qty
 Prescribed Flow Rates
 Prescribed Usage Hour

 Standard 5L Concentrator
 At rest
 LPM
 Exercise
 LPM
 hours per day

 High Flow 10L Concentrator
 Nocturnal
 LPM
 Emergency
 LPM

## IMPORTANT: Please attach the Medical Prescription with the prescribing physician's details

Other/Comments

Medical Oxygen Accessories Qty Other Accessories Please specify

Delivery SystemsCannulaSimple MaskExtension TubingTubing 35ftTubing 50ft

Other/Comments