

NEBULISER COMPRESSOR ORDER FORM



Private patient? Yes <input type="checkbox"/> No <input type="checkbox"/> <small>(private patients without a medical card must contact us directly to arrange payment)</small>	
Patient's name:	Address:
Date of birth:	
Next of kin:	
Medical card number:	Delivery address (if different):
Medical card expiry date:	
Telephone number:	Mobile telephone number:

Nebuliser equipment required			
Standard (APEX Mini-Neb):	<input type="checkbox"/>	Heavy duty (Medix ECONOneb):	<input type="checkbox"/>
Heavy duty antibiotics (Medix TURBOneb):	<input type="checkbox"/>	Travel (Medix World Traveller):	<input type="checkbox"/>

Nebuliser consumables required (a standard set of consumables will be supplied with each unit)			
Type		Size	
Mouthpiece set:	<input type="checkbox"/>	Adult:	<input type="checkbox"/>
Mask set:	<input type="checkbox"/>	Paediatric:	<input type="checkbox"/>
Tracheostomy mask:	<input type="checkbox"/>		

Additional details

Prescribers details	
Print name:	Hospital:
Signed:	Ward:
Date:	Bleep number:

Send to
Medical card patients: Fax to HSE PCCC for approval. Non medical card patients: Fax direct to Air Liquide Healthcare.

We do not supply medication for nebuliser therapy. This must be ordered separately.
If you require further advice or information on nebuliser suitability, please contact us on the number below.