

Life Support Customer Confirmation



Section 1: Confirmation

Do you require medical equipment or specific conditions in your home?

Yes, go to Section 2

No, go to Section 4

Section 2: Equipment

What type of equipment or conditions are required?

Oxygen Concentrator

Dialysis Machine

Haemodialysis Machine

CPAP Machine

Ventolin Nebuliser

Ventilator

Other (please specify)

Other : _____

Have you attached a medical certificate from your doctor?

Yes

No

Section 3: Contact Details

Please provide your details,

Customer Name:

Supply Address:

Home Phone:

Mobile Phone:

Email Address:

Emergency Contact Name:

Emergency Contact Phone:

Section 4: Doctors Details

In case we need to confirm any details,

Doctors Name:

Doctors Phone Number:

Doctors Email address: