

# 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
<b>Medical card patients:</b> Fax to HSE PCCC for approval. <b>Non medical card patients:</b> 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.**