

NEBULISER COMPRESSOR ORDER FORM

Private patient? Yes No
 (private patients without a medical card must contact us directly to arrange payment)

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

WellNeb:	<input type="checkbox"/>	Pari Boy Classic:	<input type="checkbox"/>
ECONOneb:	<input type="checkbox"/>	Pari Compact 2:	<input type="checkbox"/>
TURBOneb (heavy duty antibiotics):	<input type="checkbox"/>	Pari Velox (Ultrasonic):	<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: Send to HSE Primary Care Centre for approval.
Non medical card patients: Send direct to Air Liquide Healthcare healthie@airliquide.ie.

**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.**