



Holiday request

Westfalen Medical B.V.
Rijgstraat 14
7418 EW Deventer
info@westfalenmedical.nl
westfalenmedical.com
Tel: 0570 - 858 450
Fax: 0570 - 858 451

Patient details

Patient reference: _____
Given name(s): _____
Surname: _____
Address: _____
Postal code: _____
Hometown: _____
Phone: _____
E-mail: _____
Date of birth: _____
Oxygen usage in flow: _____
Oxygen usage in hours a day: _____

Holiday details

Accommodation: _____
Address: _____
Hometown: _____
Country: _____
Phone onsite: _____
Date of departure from home: _____
Date of arrival residence: _____
Date of departure at residence: _____
Date of arrival home: _____
Reservation number: _____
Type of transportation: _____
Car: Plane:
Bus: Boat:
Train:

Comments:
