Westfalen
Medical

Statement of approval

Patient details

Initials	Date
Last name	Insurance company
Address	Insurance number
Postcode	Oxygen usage in flow:
Hometown	Oxygen usage in hours a day:
Date of birth	
Phone	

Therapy details	**Yes**	**No**
Permitted to fly:	☐	☐
Permitted to travel:	☐	☐
Ambulatory (more then 4 hours a day):	☐	☐
Requires personal assistance:	☐	☐

Comments:

Signature prescriber

Name:

Date:

Signature patient

Name:

Date:

Westfalen Medical B.V. - Postbus 124 - 7400 AC Deventer - westfalenmedical.com - info@westfalenmedical.nl - Tel: 0570 - 858 450 - Fax: 0570 - 858 451