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Holiday request

Patient details

Patient reference: _____
 Initials: _____
 Last name: _____
 Address: _____
 Postcode: _____
 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:

Oxygen supply

Type of oxygen	Amount:
<input type="checkbox"/> Stationairy concentrator	_____
<input type="checkbox"/> Cylinder 10 liter	_____
<input type="checkbox"/> Cylinder 2 liter	_____
<input type="checkbox"/> Regulator (continu/demand)	_____
<input type="checkbox"/> Homefill system (continu/demand)	_____
<input type="checkbox"/> Mobile concentrator (continu/demand)	_____
<input type="checkbox"/> Liquid oxygen (continu/demand)	_____
<input type="checkbox"/> Strollers (continu/demand)	_____

Disposables	Amount:
<input type="checkbox"/> Nasal cannula	_____
<input type="checkbox"/> Oxygen mask	_____
<input type="checkbox"/> Connector	_____
<input type="checkbox"/> Oxygen tube	_____
<input type="checkbox"/> Carrying bag	_____
<input type="checkbox"/> Other	_____

Comments:

Note: Tick the boxes when in need of product. When (continu/demand) please choose one.

- I have read this text.
COVID 19: In case you will have to stay longer in the country of destination than agreed (due to travel restrictions), additional costs can be for your own account. We advise you to check with your travel or healthcare insurance if these costs will be covered in case of COVID-19.