Ecomed Medical (Pty) Ltd
CK 2016/084766/07
Practice No.: 0900010062510
VAT Reg.: 4340166604

Oxygen Prescription

25 Clew Street, Monument Ext 1, Krugersdorp
P.O. Box 3544, Cresta 2118, South Africa
Email: oxygen@ecomed.co.za
oxygen2@ecomed.co.za
Tel: +27 11 955 5710

MEDICAL AIDS WILL NOT GRANT AUTHORISATION WITHOUT ALL SUPPORTING DOCUMENTATION.

Patient: _____

Date of Birth: _____

Delivery Address: _____

_____

Patient Telephone Number: _____

Patient Email Address: _____

Next of Kin Telephone Number: _____

Diagnosis: _____

ICD 10 Code: _____

Person Sending Script (Name): _____

Telephone Number: _____

Litres per Minute: _____

Hours per Day: _____

Nebulize: Every _____ hrs

☐ New Patient

☐ Re-Authorization

ALSO DELIVER: Rental Back-up Cylinder ☐ (For patient's account - if not funded by Medical Aid)

Medical Aid Name: _____ Option: _____

Medical Aid Number: _____

Referring Doctor: _____

Practice Number: _____

Address: _____

Telephone Number: _____ Date: _____

Email: _____

DOCUMENTS INCLUDED:

Arterial Blood Gas Report ☐

Lung Function Report (Pre and Post Results) ☐

Chronic Forms ☐

_____

DOCTOR'S SIGNATURE