



## HOLIDAY PATIENT

Full name of patient: .....

Account number: ..... Holiday HCA: .....

Present HCA:  
Holiday Destination &  
Address: .....

Date & time of arrival ..... Tel number: .....

Date & time of departure ..... Alternative Tel  
number: .....

Prescription: \_\_\_\_\_

<b>To be completed by holiday HCA</b>	<b>YES</b>	<b>NO</b>
Concentrator – filter – power cord		
Spares needed (specify) Cannula – xmas tree – humidifier – connector – nebuliser – 28% mask - tubing		
<u>Cylinder</u> Compact M6		
Impulse system		

Patient aware of Facility fee  YES  NO

Patient aware of Delivery fee  YES  NO

Total amount owing

Patient advised to take disposables  YES  NO

Patient advised that no payment – no delivery  YES  NO

**NOTE:**  
**Holiday fee is payable on DELIVERY of machine (COD)**

Comments: .....

Signed by: ..... Date: .....

Faxed by: ..... Time: .....

Faxed to: .....

Delivery note no ..... Collection note no: .....

Receipt no ..... Amount: .....

**PLEASE FAX COPY TO HEAD OFFICE 011-453-6712  
AFTER DELIVERY AND COLLECTION**