

## International Holiday Patients

### Did you inform the patient of the following?

<b>Yes</b>	New Oxygen script prescribing relevant required dosage for the patient at Holiday Destination as well as a letter of confirmation that the patient is fit to fly by the treating physician
<b>Yes</b>	All local costs will be for the patients account.
<b>Yes</b>	All cost's abroad will be for the patients account in Forex and must be paid directly to the service provider

### Patient Information

Patient Name and Surname : \_\_\_\_\_

Patient VitalAire Account number : \_\_\_\_\_

Patient ID number : \_\_\_\_\_

Patient contact number : \_\_\_\_\_

Patient cell number : \_\_\_\_\_

Patient e-mail address : \_\_\_\_\_

Treating HCA : \_\_\_\_\_

### Holiday destination Information:

Country : \_\_\_\_\_

Area : \_\_\_\_\_

Physical address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact person at holiday destination : \_\_\_\_\_

Contact number : \_\_\_\_\_

Date of arrival at holiday destination : \_\_\_\_\_

Period of stay : \_\_\_\_\_

Date of departure : \_\_\_\_\_

## International Holiday Patients

### Local Doctors contact details

Doctor Name and Surname : \_\_\_\_\_

Doctor practice number : \_\_\_\_\_

Doctor e-mail address : \_\_\_\_\_

Doctor contact number : \_\_\_\_\_

### Prescription Information

Cylinder	Yes	No
Concentrator	Yes	No
Portable Oxygen Concentrator	Yes	No
Litres of Oxygen per minute		
Hours per day		

**NOTE:**

**Holiday fee is payable by patient to international service provider**

**&**

**Handling fee payable to the HCA**

Comments/ Special requirements:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed By: \_\_\_\_\_ Date: \_\_\_\_\_

Faxed By: \_\_\_\_\_ Time: \_\_\_\_\_

Faxed To: \_\_\_\_\_

Delivery Note no: \_\_\_\_\_ Collection Note No: \_\_\_\_\_

Receipt No: \_\_\_\_\_ Amount: \_\_\_\_\_

**PLEASE E-MAIL DOCUMENT TO [scripts.va-za@vitalaire.co.za](mailto:scripts.va-za@vitalaire.co.za) AND FAX COPY TO HEAD OFFICE 086 531 8170**