

# Order form

Medical oxygen cylinders

The customer has full responsibility for any damage or loss of rented devices and supplies. By placing an order, you accept that your customer information will be saved in Woikoski's order system.

First name \_\_\_\_\_ Last name \_\_\_\_\_

Personal identity code \_\_\_\_\_ Phone number \_\_\_\_\_

E-mail address \_\_\_\_\_

Street address \_\_\_\_\_

Post code and office \_\_\_\_\_

Door code \_\_\_\_\_

Treating unit / Contact person's name and phone number \_\_\_\_\_

First desired delivery date \_\_\_\_\_

## DETAILS OF THE CUSTOMER'S NEXT OF KIN:

Name \_\_\_\_\_ Phone number \_\_\_\_\_

E-mail address \_\_\_\_\_

Legal guardian's personal identity code (to be filled in if the customer is under 18 years of age) \_\_\_\_\_

## MEDICAL OXYGEN CYLINDERS



Safety cylinder  
(with flow regulator)

5 L cylinder \_\_\_\_\_ pcs  
10 L cylinder \_\_\_\_\_ pcs  
20 L cylinder \_\_\_\_\_ pcs



Composite safety cylinder  
(with flow regulator)

2 L cylinder \_\_\_\_\_ pcs  
3 L cylinder \_\_\_\_\_ pcs  
7 L cylinder \_\_\_\_\_ pcs



Composite safety cylinder  
(with digital valve)

3 L cylinder \_\_\_\_\_ pcs

## HOW TO ORDER

Please send an order confirmation to my e-mail address

The order form and an SV1 prescription must be sent to Woikoski Medical by e-mail or fax.  
Please note that electronic prescriptions are not accepted.

Additional information \_\_\_\_\_

Customer's signature \_\_\_\_\_