



Government of **Western Australia**
Department of **Health**

WOMEN AND NEWBORN HEALTH SERVICE

KING EDWARD MEMORIAL HOSPITAL

Date:

To BOC Gases

Fax 1800 624149

Our Fax is: _____ The billing account is: (PMH/KEMH BOC account number)

Contact person: _____

Thank you for arranging for a travel pack of oxygen (including low flow regulator) for use on commercial aircraft by this infant:

Name:

Address:

In-flight oxygen flow rate:

Parents name:

Parents mobile number:

Airport:

Date of flights:

Company flying with:

Flight numbers:

Date Hire required: _____

Oxygen travel pack to be collected from (*complete 1 or 2*):

1. BOC depot: _____

Or

2. Address: _____

Requesting Dr: _____ (Print Name/Designation)

Dr Signature: _____