



THERAPEUTIC OXYGEN REQUEST FORM

Passenger Name: \_\_\_\_\_ Booking #: \_\_\_\_\_
Passenger Telephone #: \_\_\_\_\_
Email: \_\_\_\_\_

O/B FLIGHT DETAILS

Date: \_\_\_\_\_ Flight #: \_\_\_\_\_ Routing: \_\_\_\_\_

I/B FLIGHT DETAILS

Date: \_\_\_\_\_ Flight #: \_\_\_\_\_ Routing: \_\_\_\_\_

Physician (please print name): \_\_\_\_\_
Contact Number: \_\_\_\_\_
\*Physician must state that passenger is "fit for travel"
Comments:
Details of prescription:
On Demand (pulse dose) \_\_\_\_\_ (1.5, 2, 2.5, 3 or 4 litres per minute available)
Constant Flow rate (litres per minute) \_\_\_\_\_
Nasal Prongs \_\_\_\_\_ or Passenger to supply own plug type Facial Mask \_\_\_\_\_
Attending Physician Signature \_\_\_\_\_

Cost Of Service: \$150.00 CAD per oxygen cylinder/flight segment/ non refundable

VISA \_\_\_\_\_ MC \_\_\_\_\_ AMEX \_\_\_\_\_ Total Cost: \_\_\_\_\_
CC#: \_\_\_\_\_ EXP: \_\_\_\_\_
Name on Credit Card: \_\_\_\_\_ Signature: \_\_\_\_\_

We ask that you advise your attending physician to fill out and sign the portion provided. Once completed, please fax this form including payment details to the Special Services Department at 416-798-8550. This form must be received at least 1 week prior to departure, last minute requests may be denied.

At this present time we cannot accommodate oxygen requests for children less than 8 years of age. Also if oxygen is required for use while in destination, passenger must make arrangements with their personal supplier as oxygen cylinders cannot be removed from the aircraft. If you have any questions please feel free to contact us at 416-620-4955 ext 4278 or 1-877-877-1755 ext 4278.

FOR INTERNAL OFFICE USE ONLY:

Remarks \_\_\_\_\_
Maint/OPS \_\_\_\_\_
Flight Brief/Memo \_\_\_\_\_

Airline Acctg: \_\_\_\_\_