

Customer Name

Set-up Date

ALH Debtor ID

Office ID

### I agree:

- To follow my medical oxygen prescription (that is my flow rate and hours of use per day).
- To report any problems with the medical oxygen equipment to Air Liquide Healthcare as soon as they occur
- Not attempt to repair the medical oxygen equipment
- That I have been shown how to use the equipment and can demonstrate how to use it

### I understand:

- Oxygen can make things burn quickly and aggressively
- Not to let anyone smoke near me including e-cigarettes
- To keep medical oxygen equipment 3 meters away from open flames such as candles, gas-top flames or open fires
- To keep medical oxygen equipment 1.5 meters away from any sources of heat, naked flames or something that can spark
- Secure cylinders at all times including when transporting them
- To have a working smoke alarm
- To keep the medical oxygen in a well ventilated area
- To keep any kind of grease, cosmetic creams, oil products and flammable materials away from my oxygen equipment at all times.
- To turn off and stop using my oxygen equipment if there is a persistent oxygen leak and contact Air Liquide Healthcare.

### I have been given:

- The medical oxygen equipment prescribed
- A copy of the Respiratory Equipment Guide and a copy of the manufacturer's User Manual for each medical oxygen equipment provided to me
- Air Liquide Healthcare contact details for any practical or administrative assistance I may need.

### Client Responsibilities

- I have received, understood and will follow the written safety, operational and maintenance instructions provided. I will call Air Liquide Healthcare with any questions and concerns or if my prescription changes
- I acknowledge that Air Liquide Healthcare cannot offer medical advice and that it makes no warranty in respect of the suitability of oxygen therapy for me. Questions or queries regarding my treatment (and my prescription) should be directed to my medical practitioner.
- I understand that a copy of this document will be kept on file and I can request a hard copy at any time.
- I agree to be bound by Air Liquide's Standard Terms of Sale available at: [au.healthcare.airliquide.com/legal](http://au.healthcare.airliquide.com/legal)

**Client Signature**

**Date**

### Air Liquide Healthcare

- I have responded to the client's questions and concerns
- I have discussed and verified delivery arrangements (if applicable)
- I have instructed, demonstrated and verified the client's understanding of the maintenance and safe use of the equipment provided, and confirm that it is operating as intended.

**ALH Signature**

**Date**