



THERAPEUTIC OXYGEN REQUEST FORM

Passenger Name: _____
Passenger contact number: _____
Booking Number: _____

O/B FLIGHT DETAILS

Date: _____ Flight No.: _____ Routing: _____

I/B FLIGHT DETAILS

Date: _____ Flight No.: _____ Routing: _____

Attending Physician (please print name): _____
Contact Number: _____
* Physician must state that passenger is "fit for travel"
Comments:
Details of prescription:
On Demand (pulse/bolus) _____ (can only be provided at 4L/min)
Nasal Prongs _____ or Facial Mask _____
Attending Physician Signature _____

Cost Of Service: \$150.00 / flight segment (one way)/ 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 416-798-8760. 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 or 1-877-877-1755 ext 4325.

FOR INTERNAL OFFICE USE ONLY:

Remarks _____
Maint/OPS _____
Flight Brief/Memo _____

Airline Acctg: _____