

LUNG FOUNDATION OF MALAYSIA

APPLICATION for loan of CPAP/ BPAP/ OXYGEN CONCENTRATOR/ PORTABLE OXYGEN

WE / I, Father / Mother / guardian to the patient (delete Where not applicable) , wish to loan one unit of CPAP/ BPAP/ oxygen concentrator/ portable oxygen from Lung Foundation of Malaysia and agreed to abide to the terms and conditions attached.

Name of Patient : _____ I.C.: _____

Signature : _____ **Date:** _____

Address : _____

Tel No. : _____

Name of Father/Mother/ Guardian : _____

I.C. : _____

Signature : _____ **Date:** _____

Witness:

Name : _____ **I.C.:** _____

Signature : _____ **Date:** _____

Approved By :

Name : _____ **I.C.:** _____

Signature : _____ **Date:** _____

Type of machine :

Serial No. :

Date borrowed : _____ **Date Returned:** _____

Terms and conditions to borrow CPAP/ BPAP/ oxygen concentrator / portable oxygen / suction machine

1. The machine is on loan to the patient. It remains the property of the Foundation.
2. The full set machine must be returned to **Lung Foundation of Malaysia** when the patient does not require the use of the machine and must be in good condition upon returning.

*Machine must be serviced before returning and to return during office hour.

*To fill up the oxygen tank before returning.

3. Parents / Guardians / Patient is responsible to take good care of the machine and to pay for the cost of repairing the machine while the machine is in the user's possession.

The oxygen concentrator / CPAP / BPAP must be serviced every 6 months by the company and the cost for servicing to be borne by the user. To remind the company if not service for 6 months. The company representative will go to the house to service or the user will send to the company. The arrangement to be made between the user and the company.

4. The Lung Foundation of Malaysia reserves the right to take back the machine at any time if the rules were violated and /or the patient does not require the use of the machine.

Name of Patient/ Father/ Mother/ Guardian : _____

Signature :_____

Date :_____

Name of Guarantor:_____ **Signature:**_____

Date :_____

Name of Witness :_____ **Signature:**_____

Date :_____

