

ASTHMA RELIEF CHARITY
NEBULISER APPLICATION FORM



Registered Charity No:
1063965

Part 1

DATE.....

NEB SN.....

(To be completed by AR)

Name: Mr/Mrs/Ms.....(Person requiring nebuliser)

Address.....

.....

.....Post Code.....

Telephone Number.....

Date of birth of person requiring nebuliser.....

I would like:- a mains nebuliser a battery operated nebuliser

Have you used a nebuliser before? YES /NO (Please circle your answer)

Medical Condition, please tick: Asthma COPD Emphysema

Other.....

If you are applying on behalf of a child or relative, please give your name & relationship to applicant:-

.....

Nebuliser will remain the property of Asthma Relief Charity and I therefore, agree to return the nebuliser to Asthma Relief Charity, 1a The Shaftesbury Centre, Percy Street, Swindon SN2 2AZ, if no longer required.

Name.....Signature.....

Part 2 Must be completed by your Doctor

I recommend a nebuliser, for home use, for the above named person

Doctor's Name:.....Signature.....

Name of Practice/Surgery.....

Address.....

.....Postcode.....

Telephone Number.....

Please return completed application to: Asthma Relief 1a, The Shaftesbury Centre, Percy Street, Swindon SN2 2AZ or Fax to 01793 529005