



CONSENT LETTER FOR USING OXYGEN CONCENTRATOR (OC) ON A RETURNABLE BASIS

NOTE: Capacity is maximum 5 Litres/minute > 90% V/V Oxygen concentration

Name of the person for whom this will be used: _____

Attached copies of COVID test reports / Doctor's note for O2 OC: _____

Date of issue of OC: _____ Machine details: _____

Planned date of return of OC: _____ (15 days from the date of issue)

Contact details of the patient / family:

Address:

Mobile number: _____ Alternate mobile number: _____

Consent to properly handle the machine and return it within 15 days:

Sign: _____

Sign: _____

NAME: _____

Name of Maa Foundation authority: _____

M: _____

M: _____

Date: _____

On receipt: The O2 conc. machine has been received back by Maa Foundation; details:

Date of final receipt: _____ Name and Sign of person receiving it _____

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