PHYSICIAN'S CONSENT FORM

For use of Portable Oxygen Concentrator (POC) Must be completed and signed by the passenger and passenger's physician Additional information can be found at www.aveloair.com.

Physician's Name:	
Address:	
Telephone:	
Customer Information:	

This document is to remain in your personal possession and must be presented to an airline representative upon request. Any changes in oxygen requirements such as a revised flow rate will require an updated statement. You are responsible for knowing how to operate your portable oxygen concentrator (POC) device, ensuring that your device is in good condition and free from damage or excessive wear and tear. You are responsible for traveling with an ample supply of batteries to power the POC no less than 150% for the duration of the flight and ground connection time where the POC is planned to be used (per manufacturer's recommendation) for unanticipated delays. (Electrical power ports may be available on certain flight but cannot be depended upon to power the device. They are not a substitute for fully charged batteries.)

I understand and agree with the above information:

_____ _____ _____

(Passenger's Signature/Date) (Date of Travel) (Flight Number)

The following information relates to _____ , who is a patient in my care.

(Passenger/Patient name)

They need to operate a POC device at a flow rate of _____ Liters per minutes (LPM), corresponding to the pressures of the aircraft under normal operating conditions. (Cabins are pressurized to an altitude of 8,000 feet.)

Make and model of POC:_____

FAA Approved Models: AirSep LifeStyle – RTCA sticker required, AirSep FreeStyle, AirSep FreeStyle 5, AirSep FOCUS, DeVilbiss iGo, Inogen One, Inogen G2, Inogen One G3, International Biophysics "Lifechoice" by Inova Labs, Inova Labs – Lifechoice Activox, Invacare Corporation's SOLO2, XPO2, XPO100, XPO100B, Oxlife Independence, Oxus RS-00400, Precision Medical Easy Pulse PM4150, Phillips/Respironics-SimplyGO, Respironics-EverGo, SeQual Eclipse (Model 1000), SeQual Eclipse 2 (Model 1000A), and SeQual Eclipse 3 (Model 1000B), SeQual Eclipse 5, SAROS (Model 3000). VBOX Trooper.

Patient will require the use of the device during (circle all that apply):

Taxi Take-off In-flight Landing

Physician's Signature:_____ Date: _____