

# Oxygen Set-Up Checklist

Transcend Medical

☐ How to Operate Equipment ?

☐ How To Clean Equipment ?

Patient Name: \_\_\_\_\_

☐ When and How do I get supplies and service ?

☐ What are dangers / Risk with oxygen ?

☐ I Have received all chargers, home and travel with my POC

☐ What if I want a smaller unit ? Warranties?

☐ Annual Face to Face visit with physician (years 3 to 5)

☐ What if I don't need it anymore?

☐ Is this a Rental or Purchase?

☐ What is my portion of bill? Why did my bill go up in January?

☐ What if I go to Hospital, Rehab or Hospice

☐ What if I move or change insurance

☐

**I agree these items checked above have been explained to me**

\_\_\_\_\_ Signature Date \_\_\_\_\_