



Aloha Medical Supplies & Services, Inc.
 The CPAP Store of Oahu - The CPAP Store of Maui
 Phone Toll Free (866) 887-2828 Fax (808) 887-1236

Visitor/Patient Exchange Data Sheet

Today's Date _____ Patient's Name _____

Arrival Date _____ Time _____ to Big Island Oahu Maui

Departure Date _____ Time _____

Rx Attached Liter Flow _____ Concentrator Portable System

O.C.D. CPAP Bilevel Semi Electric Bed

Disposables Tubing Cannulas H₂O bottle

Wheelchair Scooter Walker Commode

For Wheelchair, Scooter, Walker & Commode: Patient's Height _____ Weight _____

Other/Misc. _____

Deliver DME to _____ Room # _____

Address _____ City _____ Zip Code _____

Reservation Under the Name _____

Contact Person _____ Local Phone# _____

Additional Delivery Directions _____

Home Phone # _____ Cell# _____ Fax# _____

Home Address _____ City _____ State _____ Zip _____

Homecare Rep _____ Phone# _____ Fax# _____

Signature Authorizing this Order _____ Amount \$ _____

We Accept: Master Card, Visa, Discover, Carte Blanche, Diners Club & JBC only

Name on Charge Card _____

Card Number _____ Expiration date _____

Street Address # _____ Zip Code _____ V-Code on card _____

Additional Notes or Instructions Given to Patient Prior to Departure: