

**OXYGEN CONCENTRATOR (RENTAL DOCUMENT)**

**DATE:**

**PATIENT DETAILS**

**NAME:**

**CONTACT NUMBER:**

**ADDRESS:**

**SPO2 LEVEL:**

**COVID POSITIVE DATE:**

**ATTENDER DETAILS**

**NAME:**

**CONTACT NUMBER:**

**ATTENDER'S ADDRESS:**

**TO WHOMSOEVER IT MAY CONCERN**

This is to inform that we need oxygen concentrator for the above mentioned patient from (DATE) to (DATE).

We take responsibility for careful handling of the equipment and returning it safe on (DATE) .

In case of any damage, the amount may be deducted from the refundable security deposit of 15,000 rupees.

**SIGNATURE OF THE PATIENT ATTENDER**