

Aerobika - Asthma / COPD Healthcare Products

ORDER FORM

1. Pa	tient Information					
Name:		Surna	ame:			
Email:		Pho	one:			
Address:		City:		State:	Postcode:	
2. Pr	escriber Details					
(Respiratory Physicians, Physicians, Cardiologists, Oncologists, General Practitioners Respiratory Clinics, Registered Nurses, Physiotherapists)						
Speciality:			Signature:			
Name:						
Phone:						
Address:						
City:	State: Postcode:					
3. Pr	oduct requested					
AEI	ROBIKA OPEP					
AEI	ROBIKA OPEP & Manometer					
Aer	roEclipse XL BAN NEB					
Aeı	roEclipse II BAN NEB					
4. Se	end completed form to:					
sales@birdhealthcare.com						
				Bird Health		1 944 097

