

**Additional Info**

[www.Inogen.net](http://www.Inogen.net)

>Click Patients/Family

>Click Air Travel

Ship

Date \_\_\_\_\_

**Healthcare Equipment Providers  
Travel Concentrator Information Request Form  
Phone 1.816-331-0003 Fax 1.816-322-0420**

**Rental Dates & Trip Information**

**Rental Start**-Requested date for delivery to customer \_\_\_/\_\_\_/20\_\_

First Week - \$250  
Additional Days - \$25  
\*\*Shipping additional

**Rental End**-Date unit will be returned to HEP.....\_\_\_/\_\_\_/20\_\_

\_\_\_\_\_ Fax doctors prescription or physicians statement to 816-322-0420....**MUST HAVE BEFORE HEP WILL SHIP CONCENTRATOR**

Device requested: INOGEN(pulse)\_\_\_ Eclipse(continuous)\_\_\_ Litter Flow\_\_\_\_\_

Trip Starting Location\_\_\_\_\_

Trip Ending Location \_\_\_\_\_

Number of Hours in flight including travel time & layovers\_\_\_\_\_

Number of Required Batteries \_\_\_\_\_

Referred by\_\_\_\_\_ Phone\_\_\_\_\_

**Patient &Shipping Information**

Patient First Name \_\_\_\_\_ MI\_\_\_\_\_ Last Name\_\_\_\_\_

Shipping Address \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell\_\_\_\_\_

Email \_\_\_\_\_

**Payment Information**

Credit Card Type (circle one): Visa / Master Card / American Express

Name on Card\_\_\_\_\_

Account Number\_\_\_\_\_

Expiration Month/Year\_\_\_\_\_

**Office Use Only**

**Charges**

Rental Charges.....	\$ _____
Add'l Charges (extra batteries)....	\$ _____
Shipping Charges.....	\$ _____
Return Shipping Charges.....	\$ _____
Total Charges.....	\$ _____

**Items Shipped**

Verify Doctor Prescription/Physician's Statement Received _____	
Inogen/Eclipse S/N _____	
Battery S/N #1 _____	#2 _____
#3 _____	#4 _____
#5 _____	#6 _____
Date Shipped _____	
Initials of Employee Shipping above items _____	

**Battery Life – 25% extra battery power suggested for emergencies**

**INOGEN ONE**

Liter Flow 1–2.....3 hours 3.....2.5 hours 4.....2.25 hours approx. 5.....2 hours
--

**ECLIPSE**

Flow Rate Setting	Continuous Flow Mode (LPM)	Pulse Flow Mode (Setting)
0.5	4.4 hours	-
1.0	3.7 hours	4.4 hours
2.0	2.4 hours	3.6 hours
3.0	1.3 hours	3.0 hours
4.0	--	2.6 hours
5.0	--	2.3 hours
6.0	--	2.1 hours