

*One Week*

*Free*

*Trial*

*No Risk Obligation*



## TRY THE HOMEFILL II OXYGEN FILLING SYSTEM IN YOUR OWN HOME

### Oxygen Prescription

Date: \_\_\_\_\_

Mr./Mrs. \_\_\_\_\_ has my permission to evaluate the Eclipse Concentrator in the home. The prescribed oxygen flow rate is \_\_\_\_\_ lpm at rest; \_\_\_\_\_ lpm during exercise. This prescription expires in 30 days. If the recipient choose to use the Eclipse as part of their oxygen therapy a new prescription is required. No fee will be charged for the trial period.

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone