

1. Customer information (USE CAPITAL LETTERS)

Guidance

Customer number:		Agent or requester writes the requester's customer number at Nippon Gases Norge AS
Customer name:		
Requester:		
E-mail requester:		

2. Area of use:

For humans		Put a cross so that it is clear how the medicine is to be used, select the area of use. Add a description if necessary.
For animals		
For use in hospital		
For use in own practice		
For individual patient (Do not provide name)		
For non-medical use		

3. Drug and form requested

Medical nitrous oxide Nippon Gases Scandinavia 100% liquid (MANr.: 06-4613)		Select the medicine or medicines as requisition applies to: -Medical nitrous oxide (liquefied gas) in a bottle -Bulk = Cryogenic on stationary storage tank -LTOT = Long Term Oxygen Therapy = Liquid on patient container or gaseous on gas cylinders -Compressed medical oxygen and air = on gas cylinder
Expected amount of nitrous oxide to be ordered: (Please indicate the estimated amount of gas that will be consumed during the requisition's validity period). _____ kg		
Medical oxygen Nippon Gases Scandinavia 100% cryogenic (bulk) (MANr.: 06-4617)		
Medical oxygen Nippon Gases Scandinavia 100% cryogenic (LTOT) (MANr.: 06-4617)		
Medical oxygen Nippon Gases Scandinavia 100% compressed (MANr.: 06-4616)		
Medical air Nippon Gases Scandinavia 100% compressed (MANr.: 07-5594)		

4. Manufacturer

Nippon Gases Norge AS Ringnesveien 50. 0915 Oslo Telefax: 23 70 70 00	
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5. Indication:

	Indications for which the medical product has been approved can be found in the medical product's summary of product characteristics (www.legemiddelverket.no). Packaging leaflets are available at www.nippongases.no
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6. Duration of the requisition

The duration of the requisition is 12 months from the date of signing in accordance with section 7.:	The requisition is issued for a maximum of 12 months at a time, and must then be renewed. If the need is short-lived, the duration can be set shorter than 12 months.
Other: _____	

7. Date and requester's signature / stamp

	When using medical gas as specified above for humans or animals, the requisition must be signed by a person with the right to prescribe.
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8. Applicant's HPR number (applies only to healthcare professionals)

	The requisitioner's ID number issued by the Government Authorization Office is applied to the requisition.
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The requisition is sent by e-mail to: kundeservice@nippongases.com