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Confirmation of Provent Sleep Apnoea Therapy requirement

ATTENTION CLINICIAN: This patient would like to purchase Provent Obstructive Sleep Apnoea therapy equipment. Provent is clinically proven to treat Obstructive Sleep Apnoea, and is intended primarily for those who have poor compliance with CPAP. It can also be used for short-term use while travelling.

More information, including comprehensive clinical validation, can be found on proventtherapy.com

Provent is a prescription-only device. Therefore, the following form must be completed to permit the patient to purchase Provent therapy equipment.

Patient Information:

Name: _____ Gender: Male Female

Address: _____

Postcode: _____ D.O.B.: ____/____/____

I confirm that the above patient requires Provent therapy equipment to treat OSA, and:

They can use it as their primary OSA treatment method

OR

They can use it for short-term use only (e.g. while travelling and CPAP is therefore impractical)

AND

They have none of the following contraindications:

- Severe breathing disorders including hypercapnic respiratory failure, respiratory muscle weakness, bullous lung disease (as seen in some types of emphysema), bypassed upper airway, pneumothorax, pneumomediastinum, etc.
- Severe heart disease (including heart failure).
- Pathologically low blood pressure.
- An acute upper respiratory (including nasal, sinus or middle ear) inflammation or infection, or perforation of the ear drum.

Clinician Information:

Name: _____

Title: _____

Hospital or Clinic: _____

Telephone: _____ Email: _____

Signature: _____ Date: _____