



POC PURCHASE – PATIENT REFERRAL

**HELP YOUR PATIENTS
GAIN THE INDEPENDENCE
THEY DESERVE WITH THE
A PORTABLE OXYGEN
CONCENTRATOR.**

The bottom of this form can be completed by patients who would like more information about a portable oxygen concentrator OR by any Lincare employee who has verbal permission for Go2POC to contact the patient. We recommend you save a copy of this form.



– PLEASE WRITE LEGIBLY –

Patient is requesting assistance with a POC purchase.

Name of patient: _____

Patient phone number: _____

Patient email address: _____

Employee center number: (90-XX-XX-XX) _____

Employee user name: _____

Employee ID#: _____

FAX: 804-709-0231

EMAIL: info@GO2POC.com