

### 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 (tic a box for your selection)

Medical nitrous oxide Nippon Gases Scandinavia 100% liquid (MANr.: 06-4613)  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 nitrous oxide (liquid gas) in cylinders
Medical oxygen Nippon Gases Scandinavia 100% cryogenic (bulk) (MANr.: 06-4617)		- Bulk = cryogenic gas on stationary storage tank
Medical oxygen Nippon Gases Scandinavia 100% cryogenic (LTOT) (MANr.: 06-4617)		- LTOT = Long Term Oxygen Therapy = liquid oxygen on patient container, or gaseous on gas cylinders
Medical oxygen Nippon Gases Scandinavia 100% compressed (MANr.: 06-4616)		- Compressed medical oxygen on gas cylinder
Medical air Nippon Gases Scandinavia 100% compressed (MANr.: 07-5594)		- Compressed medical air on gas cylinder

### 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 ( <a href="http://legemiddelverket.no">legemiddelverket.no</a> ). Packaging leaflets are available at <a href="http://nippongases.no">nippongases.no</a>
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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.  Other: _____	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.
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### 7. Date and requester's signature. Stamp is required for shipping agencies and vessels.

	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](mailto:kundeservice@nippongases.com)