



डब्ल्यू. यू.एस. स्वास्थ्य केंद्र W.U.S. HEALTH CENTRE
दिल्ली विश्वविद्यालय UNIVERSITY OF DELHI
दिल्ली DELHI-110007

WUSHC/2021-22/203


Date: 02.07.2021

NOTICE

It has been observed that Oxygen Concentrator/cylinders/Nebulizers are being issued to the beneficiaries without proper maintenance of record. Moreover, there is a umpteen delay in returning back of these equipments causing inconvenience to other needy patients.


In view of above and in the interest of beneficiaries a proforma for issue of these items have been made carrying the necessary instructions (copy enclosed) and for maintenance of proper record.

This is for strict compliance.


डॉक्टर शीला जयसवाल
(Dr. Sheela Jaiswal)
चिकित्सा प्रशासक
Medical Administrator

Copy to:

Chief Medical Officer, WUS Health Centre for information
All doctors for information
Store Incharge, Pharmacy
Section Officer, WUS Health Centre (North)
Notice Board.
Delhi University Website


डॉक्टर शीला जयसवाल
(Dr. Sheela Jaiswal)
चिकित्सा प्रशासक
Medical Administrator


02.7.21

REQUEST FOR OXYGEN CONCENTRATOR

To,

The Medical Administrator/CMO
WUS Health Centre
University of Delhi

Subject: Request for providing oxygen concentrator for domiciliary use

My beneficiary card number is _____

Madam/Sir,

I/my family member (Name) _____, Member of
WUS Health Centre (North) vide my Health Card Membership number _____
is suffering from _____ diagnosed as a case of _____

_____ COVID-
19 with oxygen saturation of _____ & has been advised administration of Oxygen at
home by my treating doctor (copy enclosed).

I kindly request you to issue me an Oxygen concentrator/oxygen cylinder/nebulizer for use at
home for _____ days.

That I will return it as soon as there is no further recommendation of Oxygen by the doctor.

That I will be responsible for any damage to the equipment at my end during its use/mishandling
& will be liable for any action deemed fit by the Health Centre.

Thanking you

(with beneficiaries signature, Name, Address, Mobile & Card Number)

Enclosure:-

1. Copy of prescription of the treating doctor with legible name & stamp
2. Copy of Membership Card.