



## SLEEP APNOEA TRUST ASSOCIATION MEDICAL EQUIPMENT TAG APPLICATION FORM (Members Only)

SATA recommends that patients should carry their CPAP equipment with a Medical Equipment tag. This means that you will find it easier, especially when travelling to make sure that your CPAP stays with you. It is our plastic credit card style card, with a leather strap, adapted from the Medical Alert card that so many of you now carry. As the card is visible to everyone, it is recommended that it only carries your initial, surname and mobile phone number. If you do not have a mobile phone number, please advise another number to use, preferably not your home number, but an employer or relative.

*Please complete the form in capital letters.*

|            |  |             |   |                  |  |
|------------|--|-------------|---|------------------|--|
| TITLE:     |  | FIRST NAME: |   | LAST NAME:       |  |
| ADDRESS:   |  |             |   |                  |  |
| POST CODE: |  | MOBILE      |   | EMAIL ADDRESS:   |  |
| CLINIC:    |  | COMPLAINT:  | Obstructive Sleep Apnoea/<br>Central Sleep Apnoea<br><i>(delete as appropriate)</i> | CPAP USER SINCE: |  |

|  |   |
|--|---|
| Member<br>Please supply me with a Medical Equipment Tag (£10.00 donation)  | £ |
| I would like to make an additional donation to the Sleep Apnoea Trust  | £ |
| <b>TOTAL</b>   | £ |
| <p>By Post – Please enclose a cheque/PO payable to the <b>Sleep Apnoea Trust</b><br/>           Direct Bank Transfer - A/c Name: <b>Sleep Apnoea Trust</b> \ A/c No: <b>83589805</b> \ Sort Code: <b>60-11-01</b><br/> <i>NB: Please quote surname and postcode as the payment reference for our administration.</i></p> <p><b>Or call 0800 025 3500 option 3 where you can order and pay by phone</b></p> |   |

Please return this form together with your payment to:  
 SATA, Downland View, Broadbush, Blunsdon, Swindon, SN26 7DH