

Medical Equipment Order Form

| | | | | | | |
|-------------------|------------|-------------------|----------------------|--------------------------|---------------------|--------|
| Client Name: | | | LHIN Client # or BRN | | Clinician's Phone # | |
| | Last Name | | First Name | | | |
| Client Address: | | | | | Height | Weight |
| Delivery Address: | | | | | Delivery Contact #: | |
| Date: | DD/MM/YYYY | Rental Start Date | DD/MM/YYYY | Rental length: ____ Days | | |

Regularly Scheduled Delivery or Client Pick-up (check catalogue) 2 hours advance notice required for Client Pick-Ups
 LHIN pre-approval must be obtained for the following delivery types: Same Day Next Day Rural Weekend Delivery

LHIN Approver Name: _____ Rationale: _____

Additional Instructions (related to delivery or changes in equipment):

| LHIN Code | ✓ | Equipment Description | LHIN Code | ✓ | Equipment Description |
|-----------|--------------------------|--|--|--------------------------|---|
| ETA-1000 | <input type="checkbox"/> | Versa Frame Adjustable Arms 250 lbs | EBA-1001 | <input type="checkbox"/> | Bath Seat With Back 250 lbs |
| ETA-1003 | <input type="checkbox"/> | Plastic Raised Toilet Seat No Arms 2" 250 lbs | EBA-1004 | <input type="checkbox"/> | Bath Seat No Back 250 lbs |
| ETA-1004 | <input type="checkbox"/> | Plastic Raised Toilet Seat No Arms 4" 250 lbs | EBA-1008 | <input type="checkbox"/> | Clamp On Tub Rail/Bar 250lbs |
| ETA-1014 | <input type="checkbox"/> | Raised Toilet Seat With Arms 260 lbs (must bolt to bowl) Specify: <input type="checkbox"/> 2" <input type="checkbox"/> 4" <input type="checkbox"/> 6" | <i>Specify: Type, left or right and if extensions are required</i> | | |
| ETA-1005 | <input type="checkbox"/> | Stationary commode adjustable un-padded; Fixed arms; 17.5" W 15-21" Seat Height 300 lbs | EBA-1005 | <input type="checkbox"/> | Tub Transfer Bench 18-21", 250 lbs |
| ETA-1006 | <input type="checkbox"/> | Stationary commode adjustable height, removable arms: 19.75 W 20-24" Seat Height 300 lbs | EBA-1007 | <input type="checkbox"/> | Tub Transfer Bench Padded 18-21" 250 lbs |
| EBD-1000 | <input type="checkbox"/> | Standard Electric Hospital Bed (foam mattress) | EBA-1006 | <input type="checkbox"/> | Tub Transfer Bench 18-22" Heavy Duty 400 lb |
| EBD-1002 | <input type="checkbox"/> | Partial Hospital Bed Rails (Pair) | <i>Specify:</i> <input type="checkbox"/> Left Facing Faucet <input type="checkbox"/> Right Facing Faucet | | |
| EBD-1020 | <input type="checkbox"/> | Over Bed Table (Palliative Patients only) | <input type="checkbox"/> 1 pair extensions <input type="checkbox"/> 2 pair extensions to 27" | | |
| ELT-1013 | <input type="checkbox"/> | Arco Rail Residential Bed (Metal bed frame only) | ELT-1005 | <input type="checkbox"/> | Transfer Pole - floor to ceiling (mark location) |
| EBD-1015 | <input type="checkbox"/> | Relief Foam Mattress (6"x36"x80" 250lbs) | ELT-1006 | <input type="checkbox"/> | Horizontal Bar attachment for Transfer Pole |
| | | | ELT-1011 | <input type="checkbox"/> | Transfer Belt <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large |
| | | | ETM-1001 | <input type="checkbox"/> | Compressor with Aerosol Kit |
| | | | ELT-1015 | <input type="checkbox"/> | Free Standing Partial Bed Rail Assist: M-Rail |

| LHIN Code | ✓ | Equipment Description | Hgt/Measures | Additional Details |
|-----------|---|-----------------------|--------------|--------------------|
|-----------|---|-----------------------|--------------|--------------------|

Specify one Walker or Rollator. Indicate handle height and select type of wheels for walker

| | | | | |
|-----------------------|--------------------------|--|--|--|
| EWK-1000 | <input type="checkbox"/> | Folding Adjustable Walker – Standard, No Wheels (Clients 5'4" or shorter) | | |
| EWK-1001 | <input type="checkbox"/> | Folding Adjustable Walker Standard Adult 300 lbs; 33-37" high | | |
| EWK-1003 | <input type="checkbox"/> | Folding lightweight wheelchair (removable leg & arm rest) 18"w x 18" d | | |
| Select Wheels: | | Fixed Wheels for Standard Walker <input type="checkbox"/> EWK-1007 3" Pair <input type="checkbox"/> EWK-1027 5" Pair <input type="checkbox"/> EWK-1009 Skis (Pair) | | |
| | | Walker Glides <input type="checkbox"/> EWK-1010 Standard Pair <input type="checkbox"/> EWK-1029 Heavy Duty Pair | | |
| EWK-1014 | <input type="checkbox"/> | Rollator Type 2 Walker 250 lbs 33-38" Handle; Seat 22" Width 25" | | |
| EWK-1021 | <input type="checkbox"/> | Rollator Type 2 Walker Low 250 lbs 30-36" H; Seat 19" Width 24" | | |
| EWK-1022 | <input type="checkbox"/> | Rollator Type 2 Walker Tall 250 lbs 33-39" H; Seat 24", Width 24" | | |
| EWK-1013 | <input type="checkbox"/> | Transport Wheelchair 19" (No anti-tippers) Seat height 20" 250 lbs | | |
| EWK-1017 | <input type="checkbox"/> | Brake Extension (for Type 2 Regular & Low Rollators - n/a for Type 2 Tall) | | |

| LHIN Code | ✓ | Equipment Description | LHIN Code | ✓ | Equipment Description |
|-----------|--------------------------|-----------------------|-----------|--------------------------|-----------------------|
| | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| | <input type="checkbox"/> | | | <input type="checkbox"/> | |
| | <input type="checkbox"/> | | | <input type="checkbox"/> | |

| | | |
|--------------------|--|------------|
| Ordering Clinician | Date | Signature: |
| | DD/MM/YYYY First and Last Name (Print) | |

KIRKLAND LAKE Fax: 705 567 9407 NORTH BAY Fax: 705 474 2369 PARRY SOUND Fax: 705 773 4056 SAULT STE. MARIE Fax: 705 949 3844 SUDBURY Fax: 705 523-4829 TIMMINS Fax: 705 267-7795

For more information see NE LHIN approved online catalog: [Mediqas-LHIN Equipment Catalogue](#) (on website scroll to bottom right)