

Client Name: _____ Client # or BRN # _____
 Last Name First Name
 Client Address: _____ Height: _____ Weight: _____
 Delivery Address: _____ Delivery Contact #: _____
 Delivery Contact Name/Instructions: _____
 Requested Delivery Date: _____ Rental Length: _____ Days Clinician Contact # _____
 Regular Scheduled Delivery (Urban/Rural) Pick-up *check catalogue* (2 hours advanced notice required for pick-up)

*Policy for Special Delivery Options: All orders (new or ongoing) are to be authorized as Regularly Scheduled Delivery (Urban or Rural).
 *Special Deliveries may only be authorized in exceptional circumstances such as: 1. Patient resume from Hospital Hold
 2. Hospital Discharge Home (where medically necessary to facilitate the hospital discharge) 3. SRC-95 EOL Patients to prevent hospital admission

Home and Community Care Support Services **pre-approval** must be obtained for the following delivery types:
 *Same Day *Weekend Approver Name: _____

Additional Instructions/Info: _____
 (related to delivery or changes in equipment or ordering hospital therapist reference)

Code	Equipment Description	Code	Equipment Description
ETA-1000	Versa Frame Adjustable Arms 250 lbs	EBA-1001	Bath Seat With Back 250 lbs (adjustable height 15.5"- 19.5")
ETA-1003	Plastic Raised Toilet Seat No Arms 2" 250 lbs	EBA-1004	Bath Seat No Back 250 lbs (adjustable height 15.5"- 19.5")
ETA-1004	Plastic Raised Toilet Seat No Arms 4" 250 lbs	EBA-1008	Clamp On Tub Rail/Bar - max 250lbs (not compatible on acrylic tubs)
ETA-1014	Raised Toilet Seat With Arms 260 lbs (must bolt to bowl) Specify: 2" 4" 6"	Specify: Type, left or right and if extensions are required	
ETA-1005	Stationary commode adjustable, un-padded, Fixed arms: 17.5" W, 15-21" Seat Height, 300 lbs	EBA-1005	Tub Transfer Bench (max 300lbs) Faucet Facing: _____
ETA-1006	Stationary commode adjustable height, removable arms: 19.75" W, 20-24" Seat Height, 300 lbs	EBA-1007	Tub Transfer Bench Padded Faucet Facing: _____
EBD-1000	Standard Electric Hospital Bed (incl. foam mattress)	EBA-1006	Tub Transfer Bench Heavy Duty Faucet Facing: _____
EBD-1002	Partial Hospital Bed Rails (Pair)	Extensions	(1 pair) TTB Height (18"-22") Max with ext's 25"
EBD-1015	Relief Foam Mattress (6"x 36"x 80" 250lbs)	ELT-1005	Transfer Pole - floor to ceiling (mark location) max 250 lbs
EBD-1019	Static Air Mattress: Air Overlay (Roho 3 Sections)	ELT-1006	Horizontal Bar attachment for Transfer Pole
		ELT-1011	Transfer Belt Sml Med Lg
		ELT-1015	M-Rail: Bed Rail Assist (max 300 lbs)
		EBA-1020	Over Bed Table (Palliative Patients only)

Code	Equipment Description	Handle Height	Additional Details
Specify one - Walker or Rollator. Indicate handle height and select type of wheels for walker			
EWK-1000	Folding Adjustable Walker - Standard, No Wheels (Clients 5'4" or shorter)	HH: _____	
EWK-1001	Folding Adjustable Walker - Standard, No Wheels (Clients 5'4" or taller)	HH: _____	
Select Wheels:	Fixed Wheels for Standard Walker	Walker Glides	
	EWK-1027 5" Pair	EWK-1009 Skis (Pair)	EWK-1010 Standard Pair
			EWK-1029 Heavy Duty Pair

ALL WALKERS - Handle height is required - please identify if basket or seat pad is needed.			
EWK-1014	Rollator Type 2 Walker 250 lbs - HH 33-38"; Seat 22" Width 25"	HH: _____	For Rollators Only
EWK-1021	Rollator Type 2 Walker Low 250 lbs - HH 31-36"; Seat 19" Width 24"	HH: _____	Basket or Padded Seat Required?
EWK-1022	Rollator Type 2 Walker Tall 250lbs - HH 33-39"; Seat 23" Width 24"	HH: _____	Not Required
Rollator Type 3 - Maximum Weight Capacity - 400lbs Total Width 26.5 - Handle height is required			
EWK-1020	Rollator Heavy Duty Type 3 Standard - HH 33-39"; Seat 22"-23", Width 26.5"	HH: _____	Basket
EWK-1025	Rollator Heavy Duty Type 3 Low - HH 30"-36"; Seat 19"-20"	HH: _____	Padded Seat
EWK-1026	Rollator Heavy Duty Type 3 Tall - HH 33"-39"; Seat 23"	HH: _____	

Code	Equipment Description	Compressor / Feeding Pump / Suction Machine Orders
EWH-1003	Folding lightweight wheelchair (removable leg & arm rest) 18"w x 18"d	Please refer to catalogue (link below) when ordering the above items as additional information is required. Orders with missing information will not be processed and will be sent back for completion and may delay order processing. Reminders for: ETM-1001 - Compressor - Specify if Adult or Pediatric Aerosol Mask or Trach Mask ETM-1002 - Feeding Pump - Specify which Enteral Feeding Bags are required ETM-1006 - Suction Machine -Specify suction catheter size required (8, 12, 14, or none)
EWH-1013	Transport Wheelchair 19" (No anti-tippers) Seat height 20" 250 lbs	
EWH-1017	Wheelchair Brake Extensions (ordered as a pair)	
ECP-1005	Foam Cushion - 3"h x 18"w x 18"d	
ECP-1022	Air Cushion - 2"h x 18"w x 18"d	

Code	Equipment Description	Code	Equipment Description

I understand incomplete forms or forms submitted without required approval will not be processed and will be returned for follow-up (Sign below):

Ordering Clinician: _____ Signature: _____ Date: _____
 First and Last Name, Organization (Please Print)

FAX TO : Regional Equipment & Supplies : 1-855-697-7358 or RightFax: 3829

For more information see the approved online catalogue here: <https://healthcareathome.ca/region/north-east/> (scroll to bottom for forms) (in the Medical Equipment and Supplies List section)