

**MEDICAL SUPPLY ORDER FORM – COMMUNITY HOME CARE**  
**(ENSURE ORDER IS ENTERED IN THE “RECORD IN THE HOME OF PATIENT SUPPLY ORDERS” AND SIGNED BY PATIENT)** Forward to Agency Office for Quality Check and Submission to Home and Community Care Support Services  
**NOTE: THIS ORDER FORM IS NOT COMPREHENSIVE, PLEASE REFER TO CATALOGUE FOR ADDITIONAL**

REQUESTED DEPOT FOR DELIVERY:		PATIENT INFORMATION			SECTION MUST BE COMPLETED			
Address:		NAME:			DATE ORDERED: ORDERED BY: <b>VISUAL INVENTORY COMPLETED</b> <b>SUPPLIES ORDERED ARE REQUIRED FOR PATIENT'S CURRENT TREATMENT</b>			
		PHONE:						
		BRN:						
DELIVERY REQUESTED		CC NAME OR CASELOAD:						
Call Patient at:		AGENCY:						
Call Other at:		CC Authorization provided for	OVER THE MAX		EXTRA ORDER	MONTHLY ORDER		
Call Nurse at:		ET/IIWCC AUTHORIZATION	WRN		DOCTOR ORDER	# of WOUNDS –		
<b>Wound Care Dressing (+ Exudate Capacity) (2 week MAX)</b>				<b>Dry Dressing (+Exudate Capacity) (2 week MAX)</b>				
ITEM	SIZE	CODE	QTY	ITEM	SIZE	CODE	QTY	
(+3) High Exudate Mgmt Dressing [14]	10x10cm	1502		(+1) Conforming Gauze (non-sterile) [14]	5cm	3109		
	10x15cm	1501			10cm	3111		
	10x20cm	1504		(+1) Plain Packing Strips [4]	1.2cm	3121		
	15x20cm	1505			2.5cm	3122		
	20x25cm	1503			(+2) ABD Pad (Non Sterile) [14]	12x22cm	3103	
	20x30cm	1506				20x25cm	3104	
(+4) Super Exudate Mgmt Dressing [14]	10x12cm	1507		(+2) Combine roll [2]	20cmx18.3m	3107		
	15x22cm	1508		(+1) Vag Packing [4]	5x90cm	3123		
(+2) Foam Dressing [5]	10x10cm	1404		(+1) Gauze (sterile) [30]	5x5cm	3116		
(+2)Silicone Foam Border [5]	5.1x5.1cm	1401			10x10cm	3117		
	10.2x10.2cm	1402		(+1) Gauze (non-sterile 200/pkg [2]	10x10cm	3114		
(+2) Silicone Foam Border [5]	6.5x6.5cm	1406		(+1) Drain Sponge (sterile) [14]	10x10cm	3113		
	10.5x10.5cm	1407			<b>Adhesives/Tapes/Solutions (2 week MAX)</b>			
(+1) CHG Contact Layer [14]	10x10cm	1913		ITEM	SIZE	CODE	QTY	
(+2) Hydrocolloid Thin [5]	10x10cm	1201		Sodium Chloride [14]	100ml	2401		
	15x15cm	1202		Sterile Water [14]	100ml	2403		
(+0) Petrolatum Contact Layer Non-Adhesive [5]	7.5x7.5cm	1901		Plastic Tape [4]	2.5cmx9m	3206		
	7.5x20cm	1902		Paper Tape [4]	2.5cmx9m	3203		
(+3) Calcium Alginate Rope [7]	3x44cm	1602		Cloth Tape [2]	5.0cmx9.14m	3202		
(+3) Calcium Alginate [7]	10x10cm	1601		Cloth Tape [2]	10cmx10m	3201		
(+3) Calcium Alginate AG [5]	10x10cm	1801		Adhesive Skin Closure [2]	1.2cm	3207		
(+1) Hydrophilic Paste[2]	71g	1911		Chlorhexidine Solution [2]	100ml	2503		
(+3) Hydrofibre Dressing [5]	10x10cm	1701		Povidone Iodine Solution [2]	113ml	2501		
	15x15cm	1702		<b>Wound Care Dressing (+ Exudate Capacity) (2 week MAX) cont.</b>				
(+1) Transparent Film [5]	6x7cm	1301		(+1) PMHB Antimicrobial Packing Strips [10 1 <sup>st</sup> week, then 5]	0.6cm	1810		
	10x12cm	1302			1.27cm	1811		
	15x20cm	1303			2.5cm	1812		
(+1) Activated Charcoal with Silver [14]	10.5x10.5cm	2102		(+1)PMHB Antimicrobial Roll [8]	11cmx3.7m	1813		
	10.5x19cm	2103		(+3) Ag Hydrofibre Rope [5]	2.5x30.5cm	1823		
(+1) Povidone-Iodine Dressing [5]	5x5cm	1820		Cadexomer Ointment [2]	10g tube	1819		
	9.5x9.5cm	1821		Hydrogel [2]	28g tube	1101		

**MEDICAL SUPPLY ORDER FORM – COMMUNITY HOME CARE**  
**(ENSURE ORDER IS ENTERED IN THE “RECORD IN THE HOME OF PATIENT SUPPLY ORDERS” AND SIGNED BY PATIENT)** Forward to Agency Office for Quality Check and Submission to Home and Community Care Support Services  
**NOTE: THIS ORDER FORM IS NOT COMPREHENSIVE, PLEASE REFER TO CATALOGUE FOR ADDITIONAL**

REQUESTED DEPOT FOR DELIVERY:		PATIENT INFORMATION			SECTION MUST BE COMPLETED		
Address:	NAME:			DATE ORDERED:	ORDERED BY:		
	PHONE:						
	BRN:						
DELIVERY REQUESTED	CC NAME OR CASELOAD:			VISUAL INVENTORY COMPLETED SUPPLIES ORDERED ARE REQUIRED FOR PATIENT'S CURRENT TREATMENT			
Call Patient at:	AGENCY:						
Call Other at:	CC Authorization provided for	OVER THE MAX		EXTRA ORDER	MONTHLY ORDER		
Call Nurse at:	ET/IIWCC AUTHORIZATION	WRN		DOCTOR ORDER	# of WOUNDS		
<b>Catheter Supplies (2 week MAX) – Catheters (2/month)</b>				<b>Venous Support (2 week MAX) cont.</b>			
ITEM	SIZE	CODE	QTY	ITEM	SIZE	CODE	QTY
Lubricating Gel [4]	3.5g Packet	5302		2-Layer Compression <b>Light</b> [4/leg]	10cm x 2.6m	2303	
Extension tubing for leg bag [2]		4401		2-Layer Compression <b>Regular</b> [4/leg]	10cm x 2.6m	2302	
Drainage Bags [2 to start; then 1/week]	2000CC	4404		Reusable Compression Bandage Elastic [4/leg]	8cm	2304	
	4000CC	4405			10cm	2305	
Urinary Leg Bag [2 to start; then 1/week]	600ml	4402			12cm	2306	
	1000ml	4403		Cast Padding [24]	10cmx3m	2308	
Catheter 2 way [2/month] Latex-siliconized  (*see ESC Formulary for latex free catheters, patient must have latex allergy*)	12 FR 5CC	4601		<b>Miscellaneous</b>			
	14 FR 5CC	4602		<b>ITEM</b>	<b>SIZE</b>	<b>CODE</b>	<b>QTY</b>
	16 FR 5CC	4603		Metal Forceps non-sterile[14]		3504	
	18 FR 5CC	4604		Plastic Forceps sterile [14]		3506	
	20 FR 5CC	4605		Sterile Scissors [2]		3514	
Catheter – 3 way [2/month]	16 FR 5CC	4801		Staple Remover [1]		3502	
	18 Fr 5CC	4802		Suture Remover [1]		3503	
Catheter – Condom [10 only]	Patient should be measured	4501		Pleurx Kit [14]	Cap & bottle included	3509	
		4502		Pleurx Cap [14]		3508	
		4503		Pleurx Bottle [14]	1000ml	3507	
Intermittent – female [6 x 1 ONLY]	12 FR	5101		Chlorhexidine Swab sticks[28]		3604	
	14 FR	5102		Silver Nitrate Sticks [10]	Each	3703	
Intermittent – male [6 x 1 ONLY]	12 FR	5201		Cotton Tip Applicators [20]	15cm	3701	
	14 FR	5202		<b>OTHER ITEMS (include code &amp; qty)</b>			
Cath Strip Fastener [2/month]	each	5405					
Povidine Iodine Swab-Stick [2]	3-pack	2502					
Catheter Tray [2 start,1/week]	each	5406					
Catheter irrigation Tray [4]	each	5403					
<b>Venous Support (2 week MAX)</b>							
Tubular Bandage (cm's required-1 box=1000cm)	D	2309					
	E	2310					
	F	2311					
	G	2312					

**MEDICAL SUPPLY ORDER FORM – COMMUNITY HOME CARE**  
**(ENSURE ORDER IS ENTERED IN THE “RECORD IN THE HOME OF PATIENT SUPPLY ORDERS” AND SIGNED BY PATIENT)** Forward to Agency Office for Quality Check and Submission to Home and Community Care Support Services  
**NOTE: THIS ORDER FORM IS NOT COMPREHENSIVE, PLEASE REFER TO CATALOGUE FOR ADDITIONAL**

<b>REQUESTED DEPOT FOR DELIVERY:</b>	<b>PATIENT INFORMATION</b>	<b>SECTION MUST BE COMPLETED</b>
--------------------------------------	----------------------------	----------------------------------

<b>Address:</b>	<b>NAME:</b>		<b>DATE ORDERED:</b> <b>ORDERED BY:</b>  <b>VISUAL INVENTORY COMPLETED</b> <b>SUPPLIES ORDERED ARE REQUIRED FOR PATIENT'S CURRENT TREATMENT</b>	
	<b>PHONE:</b>			
	<b>BRN:</b>			
<b>DELIVERY REQUESTED</b>	<b>CC NAME OR CASELOAD:</b>			
<b>Call Patient at:</b>	<b>AGENCY:</b>			
<b>Call Other at:</b>	<b>CC Authorization provided for</b>	OVER THE MAX	EXTRA ORDER	MONTHLY ORDER
<b>Call Nurse at:</b>	ET/IIWCC AUTHORIZATIO	WRN	DOCTOR ORDER	# of WOUNDS

<b>Skin Prep (2 week MAX)</b>	<b>IV Central Line (2 week MAX)</b>
-------------------------------	-------------------------------------

ITEM	CODE	QTY	ITEM	CODE	QTY
Adhesive Remover Wipes [10]	3601		Peripheral IV Start Kit [4]	8003	
Chlorhexidine Wipes 2% [15]	3602		Medication Admin. Kit [2]	8033	
Alcohol Wipes [50]	3605		Syringe Tip Cap [30]	8031	
Barrier Wipes [14]	3603		Medication Admin. Label [30]	8034	
Barrier Spray [1]	3606		Max Plus Cap [2]	8040	

<b>Needles and Syringes (2 week MAX 10)</b>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">Max Plus Caps w/ Extension[2]</td> <td style="width:10%;">8041</td> <td style="width:10%;"></td> </tr> </table>	Max Plus Caps w/ Extension[2]	8041	
Max Plus Caps w/ Extension[2]	8041			

ITEM	SIZE	CODE	QTY	OTHER ITEMS (include code and qty)
Safety Needle, Luer Lock	21gx1 ½"	3801		
	23gx1	3802		
	25gx5/8"	3803		
Syringe Catheter Tip	60CC	3806		
Syringe, Luer Lock	1CC	3807		
	3CC	3808		
	5CC	3809		
	10CC	3810		
	30CC	3811		
	60CC	3812		
Syringe with Safety Needle	22gx1 ½" 3CC	3814		
	25gx5/8" 3CC	3815		
Syringe with Safety Needle, Insulin	28g(100u) ½" 1CC	3816		
Syringe with Safety Needle	27g ½" 1CC	3817		
Pre-Filled N/S Syringe [14]	10cc	3813		

<b>IV Central Line (2 week MAX)</b>
-------------------------------------

ISI Initial Start Kit [4]	8001	
ISI Restart Kit [4]	8002	
Central Line/Picc Kit [2]	8009	
Double Lumen Kit [2]	8010	
Port Kit (Inactive) [2]	8011	

<b>SUPPLY PICK UP ADDRESS</b>		
<b>CHATHAM-KENT</b>	<b>SARNIA-LAMBTON</b>	<b>Windsor-Essex</b>
<b>LHIN (HCCSS) – CHATHAM CLINIC</b> 462 RIVERVIEW DR CHATHAM, ON N7M 0N2 519-351-7080                      EXT. 7208	<b>LHIN (HCCSS) – SARNIA OFFICE</b> 1150 PONTIAC DR., P.O. Box 185 SARNIA, ON N7T 7H0 519-337-4679                      EXT. 6221	<b>LHIN (HCCSS) – WINDSOR OFFICE</b> 5415 TECUMSEH RD E WINDSOR, ON N8T 1C5 519-258-1088                      EXT. 5339
<b>WALPOLE ISLAND FIRST NATION HOME AND COMMUNITY CARE</b> 118 TAHGAHONING RD., RR#3 WALLACEBURG, ON N8A 4K9 519-627-8421	<b>HOGAN'S PHARMACY</b> 348 LYNCOCK STREET CORUNNA, ON N0N 1G0 519-862-5521	<b>AMHERSTBURG PHARMA PLUS</b> 71 SANDWICH ST S AMHERSTBURG, ON N9V 3L4 519-736-1022
<b>Wallaceburg CKCHC</b> 808 Dufferin Avenue WALLACEBURG, ON N8A 2V4 519-627-8686	<b>NORTH LAMBTON CHC</b> 59 KING ST W FOREST, ON N0N 1R0 519-786-4545	<b>VON NP CLINIC</b> 330 NOTRE DAME, 2ND FLOOR – SHOPPERS DRUG BELLE RIVER, ON N0R 1A0 519-728-9116
	<b>CENTRAL LAMBTON FAMILY HEALTH TEAM</b> 4130 GLENVIEW RD PETROLIA, ON N0N 1R0 519-882-2500	<b>LEAMINGTON MEDICAL SUPPLIES</b> 197 TALBOT ST W LEAMINGTON, ON N8H 1N8 519-322-0566
		<b>SANDWICH CHC</b> 3325 COLLEGE AVE (CORNER OF BROCK AND COLLEGE) WINDSOR, ON N9C 4E9 519-258-6002
		<b>STREET HEALTH</b> 711 PELISSIER ST WINDSOR, ON N9A 4L4 519-997-2824