

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 | |

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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)