

Request for Non-Formulary Patient-Specific:  
**Medical Equipment**

**\*SEND THROUGH HPG TO ESC INTAKE**

This request applies to an individual patient only. **Approval and delivery process may take one week to ten days.** Please note that this product request may not be approved. The product will only be available for a maximum of 30 days unless otherwise extended by the Care Coordinator. All approved requests must include supplier information.

**REQUESTOR TO COMPLETE ALL INFORMATION IN SECTIONS A AND B**

<b>A) General Information</b> (to be completed by the requestor)		
Date of Request	Date Product Required:	
Requested by	Contact Ph #:	Agency:
Patient Name (print)		Patient BRN
Caseload	Care Coordinator	

<b>B) Product Request Information</b> (to be completed fully by Requestor)	
Equipment/Supply Item Requested:	
Description	
Size	Duration of use
Rationale for Request	
Previously Tried Equipment/Supply	

<b>C) Product Sourcing Information</b> (to be completed by HCCSS designate)			
Product #	Availability Date		
	Back ordered?	<input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	If yes, CC notified?	<input type="checkbox"/>	Yes <input type="checkbox"/>
Quoted Rental Price	Vendor		
Signature	Date		