



Patient Name: _____ Client #: _____
 Last Name First Name Client # or BRN #

Delivery: **Standard next day** Patient Specific Supplies Bulk Order Health Card #: _____
 (optional)

Order Type: New Admission Frequency Change Change in Orders Renewal: _____ Week(s)

Frequency: Q: _____ Delivery To: Maison Vale Hospice ARCH Nipissing Serenity Hospice
 #12917253 #12917250 #13018418

Qty	Code	Product Description	Size	Max	Qty	Code	Product Description	Size	Max
WOUND CARE SUPPLIES					BULK ORDERS HOSPICE TO CALL MANAGER OF EQUIPMENT AND SUPPLIES TO REQUEST OVER WEEKLY MAXIMUMS 1-800-461-2919				
	PS4342	Gauze Sponge, 4 Ply, 2 x 2", 200/pkg	2" x 2"	1		PIN6311	MicroClave Clear Neutral connector		50/wk
	N9029	Gauze Sponge, 4 Ply, Non Woven, Sterile, 4x4", 2/pkg	4" x 4"			PS4042	Syringe Luer Lock	10ml	200/wk
	PS4314	Mepilex Foam Silicone Comfortable Dressing	3" x 3"			PS4903	Needle (ONLY) Safety 25g x 1.25"		100/wk
	PS4315	Foam Border Silicone - Mepilex Border	4" x 4"	20/wk		PS4364	Swabstick 2% chlorhexidine gluconate and 70% Alcohol		50/wk
	PS4349	No Sting barrier wipe Alcohol free		14		PS4039	Syringe Luer Lok	1ml	100/wk
	N9030	Cotton tip Applicator Sterile 2/Pkg	2/Pack	14		PS4041	Syringe Luer Lok	3ml	50/wk
	PS4340	Sponge Synthetic Non-woven Sterile (2/pk)	2" x 2"	40/wk		PS4024	Blunt fill Needle, 18 GA x 1",	18 g 1"	100/wk
	PS4333	Sponge Synthetic Non-woven Sterile (2/pk)	4" x 4"	40/wk		PR4051	Bluntfill 18GA x1.5" FILITER	18 g 1.5"	20/wk
URINARY **FOLEY CATHETER (NURSE TO SELECT CODE AND SIZE)**						PS4056	Needle (ONLY) safety 27g x 1/2'	1 mL	100/wk
	PS4458	Urinary Drainage Bag, Anti-reflux Tower, Blunt Cannula Sample Port, 4000ml	4000ml	2/MO		PS4582	Tegaderm IV Advanced Securement Drg, 2.5 x2.75"	2.5"x2.75"	50/wk
	PS4441	Foley Cath Tray (Lubricant Jelly not incl: order separately)		2		PIN6243	IV Catheter 24g x 0.75"	24 g 0.75 "	50/wk
	PS4442	Irrigation Tray		2		PS4017	Alcohol Wipes (200/box)		2/wk
	PS4440	Lubricant Jelly	3.5 gr	14	Items above can be ordered per patient up to the weekly maximum noted in Formulary.				
IV SUPPLIES					Comments/Notes				
	SIV-0082	Syringe Luer Lok	10 mL	7					
	PIN6253	Normal Saline Pre-Filled Syringes	10 mL	28					
	PIN6012	Cadd Admin Set		14					
	PIN6019	CADD Extension Set 30"		14					
	PS4053	Sharps container, 0.95litre		2					

OTHER SUPPLIES REQUIRED					OTHER SUPPLIES REQUIRED				
Qty	Code	Product Description	Size	Max	Qty	Code	Product Description	Size	Max

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

Date Ordered: _____ Ordered By: _____
 DD/MM/YYYY Nurse or Care Coordinator Name, Designation and Organization Name

Fax to OH atHome Office: Regional Equipment & Supplies 1-855-697-7358 or Right Fax: 3829