Ontario Health atHome

MEDICAL SUPPLY ORDER FORM - HOSPICE (North East)

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 #12917253 ☐ ARCH #12917250 ☐ Nippissing Serenity Hospice #13018418

Qty	Code	Product Description	Size	Max
		WOUND CARE SUPPLIES		
	PS4342	Gauze Sponge, 4 Ply, 2 x 2", 200/pkg	2" x 2"	1
	N9029	Gauze Sponge, 4 Ply, Non Woven, Sterile, 4x4", 2/pkg	4" x 4"	
	PS4314	Mepilex Foam Silicone Comfortable Dressing	3" x 3"	
	PS4315	Foam Border Silicone - Mepilex Border	4" x 4"	20/wk
	PS4349	No Sting barrier wipe Alcohol free		14
	N9030	Cotton tip Applicator Sterile 2/Pkg	2/Pack	14
	PS4340	Sponge Synthetic Non-woven Sterile (2/pk)	2"x 2"	40/wk
	PS4333	Sponge Synthetic Non-woven Sterile (2/pk)	4"x 4"	40/wk
		URINARY **FOLEY CATHETER (NURSE TO SELECT CODE AND SIZE)**		
	PS4458	Urinary Drainage Bag, Anti-reflux Tower, Blunt Cannula Sample Port, 4000ml	4000ml	2/MO
	PS4441	Foley Cath Tray (Lubricant Jelly not incl: order separately)		2
	PS4442	Irrigation Tray		2
	PS4440	Lubricant Jelly	3.5 gr	14
		IV SUPPLIES		
	PS4042	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

Qty	Code	Product Description	Size	Max
		BULK ORDERS HOPSICE TO CALL MANAGER OF EQUIPMENT AND SUPPLIES TO REQUEST OVER WEEKLY MAXIMUMS 1-800-461-2919		
	PIN6311	MicroClave Clear Neutral connector		50/wk
	PS4042	Syringe Luer Lock	10ml	200/wk
	PS4903	Needle (ONLY) Safety 25g x 1.25"		100/wk
	PS4364	Swabstick 2% chlorhexidine gluconate and 70% Alcohol		50/wk
	PS4039	Syringe Luer Lok	1ml	100/wk
	PS4041	Syringe Luer Lok	3ml	50/wk
	PS4025	Blunt fill Needle, 18 GA x 1",	18 g 1"	100/wk
	PS4051	Bluntfill 18GA x1.5" FILITER	18 g 1.5"	20/wk
	PS4056	Needle (ONLY) safety 27g x ½'	1 mL	100/wk
	PS4582	Tegaderm IV Advanced Securement Drg, 2.5 x2.75"	2.5"x2.75"	50/wk
	PIN6243	IV Catheter 24g x 0.75"	24 g 0.75 "	50/wk
	PS4017	Alcohol Wipes (200/box)		2/wk
		Items above can be ordered per patient up to the weekly maximum noted in Formulary.		
		Comments/Notes		

OTHER SUPPLIES REQUIRED			OTHER SUPPLIES REQUIRED		
Qty	Code	Product Description	Qty	Code	Product Description

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