

## Referral and Order Requisition for Offloading Devices

BRN	
Surname	
First Name	
Phone Number	
Caseload	

### Section A: NURSE TO COMPLETE

Date Ordered:		P.O. #
Agency:	Geography:	(to be completed by CSEO)
Nurses's Name:	Nurse's Phone:	

### Relevant Medical History:

*These devices may only be ordered once a comprehensive lower limb assessment has been completed and documented. **Once Section A is completed fax form to vendor.***

### Section B: VENDOR TO COMPLETE

<input type="checkbox"/> <b>Active Orthopedic</b> Fax: 613-549-7315	<input type="checkbox"/> <b>V2 Innovations</b> Fax: 1-888-822-8312	<input type="checkbox"/> <b>Eagle Orthopedic</b> 5973 Highway #2 East, Shannonville Fax: 613-968-4225
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Appointment Date:

Qty	Code	Item Description	Qty	Code	Item Description
	NCS777	Molliter CL Heel		NCS780	XP Diabetic Walker
	NCS778	Molliter Motus		NCS781	MaxTrax Diabetic Walker
	NCS779	Ossur Rebound Airwalker		NCS782	Molliter Diabetic

- ODSP  WSIB  NIHB  ADP  DVA  CF  OBC  Other:  
 Third Party (e.g., GW, ML, GS)  Not for profit: please describe (e.g., March of Dimes, Easter Seals)  
 Home and Community Care Support Services South East

I agree, as a Certified Orthotist, I have exhausted all other funding modalities prior to submitting this form to request subsidy from Home and Community Care Support Services South East.

Additional information:

Name:	Signature:	Date:
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**Vendor to fax completed form to the Home Community Care Support Services CSEO Team: 1-866-931-4833**

### Section C: CSEO TO COMPLETE BELOW STEPS

- If the vendor has selected Home Community Care Support Services as the source of funding, CSEO is to order the item in CHRIS as a "confirmation only" to generate P.O.#. CSEO will print form and fill in P.O. # in the box in Section A, near top right of form and fax the completed form to the Vendor (instructions provided to CSEO). Forward a copy of the order form to Central Reception (instructions provided). Central Reception will rename the document (Surname, First Name, Caseload) and forward to the appropriate Caseload folder for upload into CHRIS via DMS by Community Team Assistant. CSEO to Add Client Coding in CHRIS. For 2<sup>nd</sup> tier devices, approve all suspended billings less than the capped amount
- If the vendor has selected any other funding source, CSEO to indicate in P.O. # box, '**Not Applicable**'. Form to be forwarded to the appropriate Caseload folder via Central Reception (as indicated above) for upload into CHRIS via DMS by the Community Team Assistant.
- TA to notify all active providers that offloading device has been purchased