

EIA Order/Quotation Form



Fax: 204-945-5077 Email: e-order@gov.mb.ca

Date (dd/mm/yyyy)	Order Frequency <input type="checkbox"/> One-Time Order <input type="checkbox"/> On-Call <input type="checkbox"/> On-Going (automatic) Repeats _____ Expiry Date (dd/mm/yyyy) _____	Delivery Method <input type="checkbox"/> Winnipeg Courier <input type="checkbox"/> Federal Mail <input type="checkbox"/> Client Pickup <input type="checkbox"/> Bus	Order #
			W/O #
			Entered By

Assessor Information

Name	Phone	Fax	Email
Medical Justification Summary (Supporting documents sent to EIA Case Coordinator only?) <input type="checkbox"/> YES <input type="checkbox"/> NO			Signature

EIA Case Coordinator Information

Name	Phone	Fax	Email
Office Location Address			<input type="checkbox"/> Bill to District <input type="checkbox"/> Bill to DBCA

Client Information

PHIN # (9-digit Health Number)	Case #	Name	Phone
Resident Address (provide full address including postal code)			Date of Birth (dd/mm/yyyy)
Delivery Address (if different from Resident Address)			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

A) Catalogue Products (See the MDA Medical Products Catalogue)

SAP #	Quantity	Product Description	Approved
			Y N
			Y N
			Y N
			Y N
			Y N

B) Non-Catalogue Product Quote (Please provide as much product detail as possible)

Vendor Item # (if specific)	Quantity	Product Description	MDA Use Only			Approved
			Quote #	Delivery Date	Price	
						Y N
						Y N

EIA Authorization to Order Product(s)

Case Coordinator Signature	<input type="checkbox"/> Installation required <input type="checkbox"/> Assessor wishes to be present for installation <input type="checkbox"/> Grab Bar & Transfer Pole Installation form sent <input type="checkbox"/> Repair <input type="checkbox"/> Return Equipment <input type="checkbox"/> Return Pickup
Special Instructions	