



# STANDARD MEDICAL SUPPLIES / EQUIPMENT ORDER

Telephone: 204-945-3000 Fax: 204-945-5077

Email: e-order@gov.mb.ca

Order #
Date

Indicate if:

Hospital discharge	Date
Palliative	Urgent

<b>ORDER FREQUENCY</b>
One time
On call
Ongoing (automatic)
Number of repeats
Expiry date

<b>DELIVERY METHOD</b>
Courier
Federal mail
Client pickup
Rural truck

<b>Client Surname</b>
<b>Given Name</b>
<b>PHIN #</b>
<b>Phone #</b>
<b>Alternate Phone #</b>
<b>Date of Birth</b>
<b>Resident Address</b>
<b>City</b> <b>Postal Code</b>
<b>Alternate Address</b> (if different)
<b>Alternate Contact Name &amp; Phone</b> (if different)

### SCRIPTOR INFORMATION

RHA #	Name		
Phone #	Fax #	Email	
Office Address	City	Postal Code	

### EQUIPMENT RETURN/TRANSFER

Equipment Return from PHIN #	Name
Equipment Transfer from PHIN #	Name

### CATALOGUE PRODUCTS

SAP #	Quantity	U of M	Product Description

### SPECIAL INSTRUCTIONS

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### AUTHORIZATION

Name	(Digital) Signature	Date
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