

## **Equipment Rental Authorization/Order Form**

Patient N	ame:	Date Request Submitted:DD/MM/YYYY		
BRN:		Caseload:		
Date Equi	pmentRequired:	_	Delivery Priority	
Patie	ent Pick-up		Regular (Default unless other required)	
Deliv	very to Treatment Address		Same Day	
	•		Weekend Delivery	
	-		Individually Scheduled Date/Time:	
			Immediate	
Phone:				
Contact:: _				
				_
Therapist N	Name and Agency:		Telephone & Ext:	_
Authorizing	Or g Care Coordinator:	Siç	gnature:	
			•	_
Height::	Information to be entered on PO: W		dle Height :	
Item Code	Equipment Description (see Vendor catalogue for codes & description)	Delivery lı	nstructions/Comments (PSA to enter on PO	.)
				_
				_
				_
				_
				_



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DELIVERY PRIORITY	ORDER TIMEFRAME	DELIVERY TIMEFRAME	RATIONALE OPTIONS
REGULAR	Monday – Sunday, 8am – 4pm	Delivered next business day by 9pm if order received by vendor before 4pm, Monday to Friday.	None required.
SAME DAY	Monday – Friday, 8am – 4pm	Delivered same day as Vendor receives order, by 9pm that day, Monday to Friday. <b>Do not use if delivery needed on weekend.</b>	<ul><li>Toileting</li><li>Airway Maintenance</li><li>Feeding</li></ul>
TIMED/ SCHEDULED	Monday – Sunday, 8am – 4pm	Delivered at specified time and date on next business day. Do not use if need delivery on weekend. Time of delivery request to be 11:00am or later to allow for travel time.	<ul> <li>Toileting</li> <li>Airway Maintenance</li> <li>Feeding</li> <li>Avoid Hospital Admission</li> <li>Avoid Delay of Hospital Discharge</li> </ul>
WEEKEND/ STAT HOLIDAY	Saturday, Sunday, STAT Holiday 8am – 4pm	Delivered same day as vendor receives order, by 9pm if the delivery falls on a statutory holiday or a Saturday or Sunday.	<ul> <li>Adverse Reaction to Treatment (supply)</li> <li>Facilitate Urgent Equipment         Assessment by Professional Therapist</li> <li>Required for treatment delivery</li> <li>Potential Patient Risk – Ambulation</li> <li>Potential Patient Risk – No home supports</li> </ul>
IMMEDIATE	Monday – Sunday 8am – 4pm	Delivered within 4 hours from the Vendor receiving the order.	<ul><li>Toileting</li><li>Airway Maintenance</li><li>Feeding</li></ul>

MAXIM MEDICAL	MOTION SPECIALTIES CHATHAM-KENT	MOTION SPECIALTIES SARNIA-LAMBTON	
Mon – Fri 9am – 6pm Saturday 9am – 3pm	Mon – Fri 8:30am – 5pm Saturday 10:00am – 3pm	Mon – Fri 8:30am – 5pm Closed Saturday	
250 Tecumseh Road E	463 St. Clair St.	49 Finch Dr., Unit 7	
Windsor, ON N8X 2R3	Chatham, ON N7L 3K6	Sarnia, ON N7S 5C6	
Phone: (519) 977-7200	Phone: 1-888-914-0484 / 519-358-7096	Phone: 1-888-419-6588 / 519-336-7781	
Fax: (519) 977-7281	Fax: 519-358-7174	Fax: 519-336-8538	