

Feeding / Respiratory / Suction Medical Equipment & Supplies Order Form

Patient Name: _____	Date Request Submitted: _____ (DD/MM/YY)						
BRN: _____	Caseload: _____						
Date Equipment Required: _____ <input type="checkbox"/> Patient Pick-up <input type="checkbox"/> Delivery to Treatment Address: Address: _____ City: _____ Phone: _____	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr style="background-color: #e0e0e0;"> <th style="text-align: left; padding: 2px;">Delivery Priority</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;"><input type="checkbox"/> Regular (Default unless other required)</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Same Day</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Weekend Delivery</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Individually Scheduled Date/Time:</td> </tr> <tr> <td style="padding: 2px;"><input type="checkbox"/> Immediate</td> </tr> </tbody> </table>	Delivery Priority	<input type="checkbox"/> Regular (Default unless other required)	<input type="checkbox"/> Same Day	<input type="checkbox"/> Weekend Delivery	<input type="checkbox"/> Individually Scheduled Date/Time:	<input type="checkbox"/> Immediate
Delivery Priority							
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Nurse Name & Agency: _____ or Authorizing Care Coordinator: _____	Telephone & Ext: _____ Signature: _____						

Code	FEEDING RENTAL EQUIPMENT	Code	RESPIRATORY RENTAL EQUIPMENT
3225	Kangaroo Feeding Pump w/Pole Clamp	3205	Compressor Aerosol (Nebulizer)
3225-P	Kangaroo Feeding Pump w/Pole Clamp, Power Cord, Infusion Pole		
3225-B	Feeding Pump w/Back Pack		
FEEDING SUPPLIES		NEBULIZER SUPPLIES	
FE01-SV	Feeding Kit – Small Volume	NU01	Nebulizer Supplies (aerosol kit – adults)
FE01-LV	Feeding Kit – Large Volume	NU02	Nebulizer Supplies (aerosol kit – paediatric)
FE01-G	Feeding Kit – Gravity	TRACH RENTAL EQUIPMENT	
FE01-FS	Feeding Kit (Open System) Flush Set	3210	High Humidity Compressor
FE10-FS	Feeding Kit (Closed System) Flush Set	TRACH SUPPLIES	
FE10	Feeding Kit (Closed System) Spike Set	NU00-A	High Humidity Trach Kit (adult)
FE-PO05	5 Fr Nasogastric Feed Tube	NU00-P	High Humidity Trach Kit (pediatric)
FE-FT06	6.5 Fr Nasogastric Feed Tube	NU08	Distilled Water (4L) (must be ordered w/Compressor Code 3210)
FE-PO08	8 Fr Nasogastric Polyurethane Feed Tube		
SY-60MLOR	Monojet 60ML Syringe		
EN07 -Y	Corpak Extension Set		
Code	ORAL/TRACH SUCTION Rental Equipment	ORAL/TRACH SUCTION SUPPLIES	
3235-P	Oral/trach Suction Unit – Portable (i.e., when needing to travel >1hr)	SU01-O	Suction Kit – Oral & Trach (comes with 2 Yankauers without vent)
3235	Oral/trach Suction Unit – Stationary	SU03	Yankauer Bulb Tip w/Vent
		SU06	Suction Catheter – 6FR
Code	ANY ADDITIONAL ITEMS (refer to Vendor’s catalogue)	SU08	Suction Catheter – 8FR
3235-I	Gastric Gomco Suction Unit – Intermittent	SU10	Suction Catheter – 10FR
		SU12	Suction Catheter – 12FR
		SU14	Suction Catheter – 14FR

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DELIVERY PRIORITY	ORDER TIMEFRAME	DELIVERY TIMEFRAME	RATIONALE OPTIONS
REGULAR	Monday to Sunday, 8am to 4pm	Delivered next business day by 9pm if order received by vendor before 4pm, Monday to Friday.	None required.
SAME DAY	Monday to Friday 8am to 4pm	Delivered same day as Vendor receives order, by 9pm that day, Monday to Friday. Do not use if delivery needed on weekend.	<ul style="list-style-type: none"> • Toileting • Airway Maintenance • Feeding
TIMED/ SCHEDULED	Monday to Sunday, 8am to 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 style="list-style-type: none"> • Toileting • Airway Maintenance • Feeding • Avoid Hospital Admission • Avoid Delay of Hospital Discharge • Adverse Reaction to Treatment (supply) • Facilitate Urgent Equipment Assessment by Professional Therapist • Required for treatment delivery • Potential Patient Risk – ambulation • Potential Patient Risk - No home supports
WEEKEND/ STAT HOLIDAY	Saturday, Sunday, STAT Holiday 8am to 4pm	Delivered same day as vendor receives order, by 9pm if the delivery falls on a statutory holiday or a Saturday or Sunday.	
IMMEDIATE	Monday to Sunday 8am to 4pm	Delivered within 4 hours from the Vendor receiving the order.	<ul style="list-style-type: none"> • Toileting • Airway Maintenance • Feeding

MAXIM MEDICAL WINDSOR / ESSEX	MOTION SPECIALTIES CHATHAM / KENT	MOTION SPECIALTIES SARNIA / LAMBTON
Mon – Fri 9am – 6pm Sat 9am – 3pm	Mon – Fri 8:30am – 5pm Sat 10:00am – 3pm	Mon – Fri 8:30am – 5pm Sat closed
250 Tecumseh Road EWindsor, N8X 2R3	463 St. Clair St. Chatham, ON N7L 3K6	49 Finch Dr., Unit 7 Sarnia, ON N7S 5C6
Phone: (519) 977-7200 Fax: (519) 977-7281	Phone: 1-866-914-0484 / 519-358-7096 Fax: 519-358-7174	Phone: 1-888-419-658/519-336-7781 Fax: 519-336-8538