



Medical Equipment & Supplies Exceptional Item Request

Patient Information			
BRN	Geography		
Request Details			
Category <div style="display: flex; justify-content: space-around; font-weight: bold;"> Supplies Equipment </div>	Type <div style="display: flex; justify-content: space-around; font-weight: bold;"> Initial Renewal </div>	Is patient in hospital? <div style="display: flex; justify-content: space-around; font-weight: bold;"> Yes No </div>	Name of Physician Ordering
Manufacturer Product Code	Product Size	2-week Quantity	Date Product Required
Proposed Duration of Use	Clinical Rationale		
Comments			
Requested by (Name and Professional Designation)			Request Date (mmm-dd-yyyy)

Ontario Health atHome Request Review

Alternative Funding Options		Products Currently in Use		
ADP	Private Insurance	Formulary	Exceptional Item(s)	None

Products Currently in Use

1. Product Name	Product Code	Duration of Use
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Outcome

2. Product Name	Product Code	Duration of Use
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Outcome

3. Product Name	Product Code	Duration of Use
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Outcome

Care Coordinator Comments

Are products wound care products? Yes No	Name of wound care specialist consulted.	Proposed Trial Period
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Care Coordinator Status Approve Deny	Care Coordinator Name and Designation	Care Coordinator Review Date (dd-mmm-yyyy)
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To be completed by the Local Lead for Medical Supplies and Equipment

Clinical Rationale Supports Request? Yes No	Local Lead Comments
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Local Lead Status Approve Deny	Local Lead Name and Designation	Local Lead Review Date (dd-mmm-yyyy)
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To be completed by the Provincial Contracts team

Provincial Contracts Comments

CHRIS Product Details

Status Approved Denied	Provincial Contracts Reviewer Name	Date (dd-mmm-yyyy)
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