



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

ORDER FREQUENCY
One time
On call
Ongoing (automatic)
Number of repeats
Expiry date

DELIVERY METHOD
Courier
Federal mail
Client pickup
Rural truck

Client Surname
Given Name
PHIN #
Phone #
Alternate Phone #
Date of Birth
Resident Address
City Postal Code
Alternate Address (if different)
Alternate Contact Name & Phone (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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