

COMMUNITY HEALTH SERVICES EQUIPMENT or SUPPLY ORDER SCRIPT

LOGISTICS SERVICES

Telephone: (204) 926-6050 Fax: (204) 940-3104
 Email: OSSupplies@wrha.mb.ca osequipment@wrha.mb.ca

Client Surname	
Given Name	
PHIN	
Date of Birth	
Address	
City/Postal Code	
Phone	

CLIENT INFORMATION

Client Open to Home Care: Yes No Unknown
 Client has Third Party Funding:
 EIA FNIHB WCB MPI VAC Victim's Services CFS
 Other: _____

REQUESTOR/SCRIPTER INFORMATION:

Name (Print): _____ Phone: _____ Fax: _____
 Community Area/Hospital Name/Work Location: _____ Community Area/Hospital Cost Centre (if items are for stock): _____

EQUIPMENT TRANSFER INFORMATION:

Complete ONLY in situations where equipment has already been provided either through: Hospital Stock (Include MDA Serial Number): _____, or from another client (PHIN# of Current Client): _____

DELIVERY OR PICK UP OF EQUIPMENT (Standard Delivery Times Will Occur Unless Otherwise Indicated)

Contact to Arrange Delivery: _____ Phone: _____
 CLIENT/FAMILY WILL PICK UP (Only Applicable For Equipment) Pick Up Date: _____ (DD/MMM/YYYY)
 URGENT DELIVERY NEEDED; PROVIDE REASON: _____
 A Delivery Date Must Be Indicated For All Urgent Requests: _____ (DD/MMM/YYYY)

RETURNING EQUIPMENT:

CLIENT/FAMILY WILL DROP OFF (NOTE: MOST Equipment can be dropped off at MDA 1715 St. James Street)
 PICK UP REQUIRED
 Contact to arrange retrieval of equipment:
 Name: _____ Phone: _____
 Date that scripter discussed retrieval with contact: _____
 Reason for equipment retrieval: _____

INCLUDE: Any Relevant/Required Information from Safe Visit Plan if applicable such as safety concerns, bed bugs, pets or other risks and, delivery recommendations (door codes, contact availability, additional contacts, etc.)

SAP NUMBER	QUANTITY	UNIT of ISSUE	EQUIPMENT OR SUPPLY DESCRIPTION

Signature and Designation of Authorized Staff: _____ **Date:** _____
DD/MMM/YY

Print Name: _____

Refer to WRHA Home Care Approved Equipment or Supply Lists to determine recommended assessors and authorized scripters.
 Contact Home Care Program Consultant for clinical inquiries or consultations: **204-223-3044**
 Contact Logistics for supply & equipment orders/follow up inquiries: **204-926-6050**