



## COMMUNITY HEALTH SERVICES EQUIPMENT ORDER SCRIPT

WRHA HOME CARE EQUIPMENT FAX: 204 940-2009  
Email: [WrhaHomecareEquipment@wrha.mb.ca](mailto:WrhaHomecareEquipment@wrha.mb.ca)  
Contact Home Care Program Consultant for clinical inquiries or consultations: 204-223-3044  
\*\*\* DO NOT USE FOR ORDERING SUPPLIES \*\*\*

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

**IF CLIENT HAS THIRD PARTY FUNDING INDICATE BELOW:**

☐ EIA ☐ FNIHB ☐ WCB ☐ MPI ☐ VAC ☐ Victim's Services ☐ CFS  
☐ Other: \_\_\_\_\_

**REQUESTOR INFORMATION:**

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_  
Community Area/Hospital Name/Work Location: \_\_\_\_\_

**EQUIPMENT TRANSFER INFORMATION:** Complete ONLY in situations where equipment has already been provided either through: Stock (Include MDA Serial Number): \_\_\_\_\_ Transfer from another RHA \_\_\_\_\_  
Transfer 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 (large Equipment Only): \_\_\_\_\_ Phone: \_\_\_\_\_  
☐ **CLIENT/FAMILY WILL PICK UP (1715 St. James Street)** Pick Up Date: \_\_\_\_\_ (DD/MMM/YYYY)  
☐ **URGENT DELIVERY NEEDED, PROVIDE REASON:** \_\_\_\_\_  
Equipment 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: \_\_\_\_\_

**INSTRUCTIONS FOR DELIVERY/PICK UP INCLUDE:**

- a) Information from **Safe Visit Plan** if applicable- safety concerns with location, infestations and/or required PPE, pets or other risks  
b) Delivery specifics: door access codes, availability, additional contacts, and other instructions

SAP NUMBER	QUANTITY	EQUIPMENT DESCRIPTION

**Hospital Based Case Coordinator** ONLY Printed Name: \_\_\_\_\_  
HBCC Email: \_\_\_\_\_ HBCC Phone Number: \_\_\_\_\_

Contact MDA directly regarding inquiries about delivery and pick up times: **204-945-8611**

**Guidelines regarding timelines available on Insite**