

Children's disABILITY Services Order/Quotation Form



Fax: 204-945-5077 Email: e-order@gov.mb.ca

Date (dd/mm/yyyy)	Order Frequency <input type="checkbox"/> One-Time Order <input type="checkbox"/> On-Call <input type="checkbox"/> On-Going (automatic) Repeats _____ Expiry Date (dd/mm/yyyy) _____	Delivery Method <input type="checkbox"/> Winnipeg Courier <input type="checkbox"/> Federal Mail <input type="checkbox"/> Client Pickup <input type="checkbox"/> Bus	Order #
Budget Amount Full Fiscal Year amount for incontinent supplies \$ _____			W/O #
			Entered By

Office

<input type="checkbox"/> Winnipeg - CSS10	<input type="checkbox"/> Eastman Beausejour - CSS20	<input type="checkbox"/> Interlake - CSS30	<input type="checkbox"/> Parklands - CSS60	<input type="checkbox"/> Thompson - CSS80
<input type="checkbox"/> Westman - CSS15	<input type="checkbox"/> Eastman Steinbach - CSS25	<input type="checkbox"/> Central - CSS40	<input type="checkbox"/> Norman - CSS70	<input type="checkbox"/> Other _____

Assessor Information

Name	Phone	Fax	Email
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Case Coordinator Information

Name	Phone	Fax	Email
Office Location Address			Facility Name

Client Information

PHIN Number (9-digit Health Number)	Name	Phone
Resident Address (provide full address including postal code)		Date of Birth (dd/mm/yyyy)
Delivery Address (if different from Resident Address)		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name		Phone

Catalogue Products (See the MDA Medical Products Catalogue)

SAP #	Quantity per Month	Product Description	Approved
			Y N
			Y N
			Y N
			Y N
			Y N

Authorization to Order Product(s)

Program Manager Signature	Regional or Financial Manager Signature
Special Instructions	