

Medical Equipment Order Form

Client Name:			CCAC Client # or BRN		Clinician's Phone #	
	Last Name	First Name				
Client Address:				Height		Weight
Date:	DD/MM/YYYY		Rental Start Date	DD/MM/YYYY		Rental length: ____ Days
Delivery Address:				Delivery Contact #:		
<input type="checkbox"/> Regularly Scheduled Delivery or <input type="checkbox"/> Client Pick-up (check catalogue) 2 hours advance notice required for Client Pick-Ups CCAC pre-approval must be obtained for the following delivery types: <input type="checkbox"/> Same Day <input type="checkbox"/> Next Day Rural <input type="checkbox"/> Weekend Delivery CCAC Approver Name: _____ Rationale: _____						

Additional Instructions (related to delivery or changes in equipment):

CCAC Code	✓	Equipment Description	CCAC Code	✓	Equipment Description
ETA-1000	<input type="checkbox"/>	Versa Frame Adjustable Arms 250 lbs	EBA-1000	<input type="checkbox"/>	Bath Board - 300 lbs
ETA-1003	<input type="checkbox"/>	Plastic Raised Toilet Seat No Arms 2" 250 lbs	EBA-1004	<input type="checkbox"/>	Bath Seat No Back 250 lbs
ETA-1004	<input type="checkbox"/>	Plastic Raised Toilet Seat No Arms 4" 250 lbs	EBA-1001	<input type="checkbox"/>	Bath Seat With Back 250 lbs
ETA-1013	<input type="checkbox"/>	Plastic Raised Toilet Seat No Arms 6" 250 lbs	EBA-1003	<input type="checkbox"/>	Bath Seat With Back Padded 250 lbs
ETA-1014	<input type="checkbox"/>	Raised Toilet Seat With Arms 260 lbs Specify: <input type="checkbox"/> 2" <input type="checkbox"/> 4" <input type="checkbox"/> 6"	EBA-1002	<input type="checkbox"/>	Bath Seat with Back Heavy Duty 450 lbs
ETA-1005	<input type="checkbox"/>	Stationary commode adjustable un-padded; Fixed arms; 17.5" W 15-21" Seat Height 300 lbs	Specify: Type, left or right and if extensions are required		
ETA-1011	<input type="checkbox"/>	Heavy Duty Stationary Commode 500 lbs 24.5" between arms, 14-20" Seat Height	EBA-1005	<input type="checkbox"/>	Tub Transfer Bench 18-21", 250 lbs
ELT-1015	<input type="checkbox"/>	Free Standing Partial Bed Rail Assist: M-Rail Specify: <input type="checkbox"/> Twin <input type="checkbox"/> Double <input type="checkbox"/> King	EBA-1007	<input type="checkbox"/>	Tub Transfer Bench Padded 18-21" 250 lbs
ELT-1013	<input type="checkbox"/>	Arco Rail Residential Bed – Metal bed frame only	EBA-1006	<input type="checkbox"/>	Tub Transfer Bench 18-22" Heavy Duty 400 lb
ELT-1014	<input type="checkbox"/>	Arco Rail Hospital Bed – Metal bed frame only	Specify: <input type="checkbox"/> Left Side <input type="checkbox"/> Right Side <input type="checkbox"/> 1 pair extensions <input type="checkbox"/> 2 pair extensions to 27"		
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

CCAC Code	✓	Equipment Description	Height/ Measures	Additional Details
Specify one Walker or Rollator. Indicate handle height and select type of wheels for walker				
EWK-1001	<input type="checkbox"/>	Folding Adjustable Walker Standard Adult 300 lbs; 33-37" high		
EWK-1019	<input type="checkbox"/>	Heavy Duty Folding Walker 500 lbs; 33-42"		
Select Wheels:		Fixed Wheels for Standard Walker <input type="checkbox"/> EWK-1007 3" Pair <input type="checkbox"/> EWK-1027 5" Pair		
		Fixed Wheels for Heavy Duty Walker <input type="checkbox"/> EWK-1028 5" Pair		
		Swivel Wheels for Standard Walker <input type="checkbox"/> EWK-1011 3" Pair <input type="checkbox"/> EWK-1012 5" Pair		
		Walker Glides <input type="checkbox"/> EWK-1010 Standard Pair <input type="checkbox"/> EWK-1029 Heavy Duty Pair		
EWK-1014	<input type="checkbox"/>	Rollator Type 2 Walker 250 lbs 33-38" Handle; Seat 22" Width 25"		
EWK-1021	<input type="checkbox"/>	Rollator Type 2 Walker Low 250 lbs 32-37" H; Seat 19" Width 24"		
EWK-1022	<input type="checkbox"/>	Rollator Type 2 Walker Tall 250 lbs 33-40" H; Seat 24", Width 24"		
EWK-1020	<input type="checkbox"/>	Rollator Heavy Duty Standard 400 lbs 29.5"-33.5"H; Seat 21"; Width 24"		
EWK-1025	<input type="checkbox"/>	Rollator Heavy Duty Low 400 lbs 27.5-30.5" H; Seat 18.5"; Width 24"		
EWK-1026	<input type="checkbox"/>	Rollator Heavy Duty Tall 400 lbs 32.5"-39" H; Seat 18.5"; Width 24"		
	<input type="checkbox"/>			
	<input type="checkbox"/>			

Ordering Clinician	Date DD/MM/YYYY	Signature: _____	First and Last Name (Print) _____
<input type="checkbox"/> KIRKLAND LAKE BRANCH Fax: 705 567 9407	<input type="checkbox"/> NORTH BAY BRANCH Fax: 705 474 2369	<input type="checkbox"/> PARRY SOUND BRANCH Fax: 705 773 4056	<input type="checkbox"/> SAULT STE. MARIE BRANCH Fax: 705 949 3844
<input type="checkbox"/> SUDBURY BRANCH Fax: 705 523-4829	<input type="checkbox"/> TIMMINS BRANCH Fax: 705 267-7795		

For more information see NE CCAC approved online catalog: [Medigas-CCAC Equipment Catalogue](#)