



# SPECIAL NEEDS EQUIPMENT REQUISITION

FOR OFFICE USE ONLY

REQUISITION DATE

Y | Y | Y | Y | M | M | D | D

## CLIENT IDENTIFICATION

COMPLETE ALL AREAS NOT DESIGNATED FOR OFFICE USE

SURNAME	FIRST	INITIAL	HEALTH SERVICES CARD NUMBER START HERE →
ADDRESS		BIRTH MONTH AND YEAR M   M   Y   Y   Y   Y	
CITY, TOWN, OR VILLAGE	PROVINCE	CLIENT WEIGHT lbs.	CLIENT HEIGHT inches
POSTAL CODE	TELEPHONE NUMBER	DISABILITY	

THE CLIENT RESIDES IN A:  PRIVATE RESIDENCE  SPECIAL CARE HOME  PRIVATE CARE HOME  OTHER (Specify) \_\_\_\_\_

IS EQUIPMENT REQUIRED TO FACILITATE DISCHARGE FROM ACUTE CARE CENTRE  YES  NO DISCHARGE DATE \_\_\_\_\_

## EQUIPMENT REQUIRED

## FOR OFFICE USE ONLY

QUANTITY	ITEM / PARTS	I.D. NUMBER	SERIAL NUMBER

## SPECIAL INSTRUCTIONS AND OTHER CONTACT INFO

DELIVERY

PICK UP

RESPONSIBLE AGENCY  NON INSURED HEALTH BENEFITS  VETERANS AFFAIRS CANADA  SASKATCHEWAN GOVERNMENT INSURANCE (S.G.I.)

MINISTRY OF SOCIAL SERVICES  WORKERS' COMPENSATION BOARD  OTHER \_\_\_\_\_

## REQUISITIONER IDENTIFICATION

REQUISITIONER NAME (PLEASE PRINT)	PROFESSION	TELEPHONE NUMBER
ADDRESS	SIGNATURE	
CITY, TOWN, OR VILLAGE	POSTAL CODE	X
REQUISITIONER EMAIL		
NAME OF PROFESSIONAL PERSON DESIGNATED BY REQUISITIONER TO PROVIDE FOLLOW UP	ADDRESS	TELEPHONE NUMBER

## OFFICE USE ONLY

NEW EQUIPMENT

REPLACEMENT

TRANSFER

DATE COMPLETED	COMPLETED BY:	DELIVERY METHOD <input type="checkbox"/> PICK UP
----------------	---------------	--

## SASKABILITIES - SPECIAL NEEDS EQUIPMENT DEPOTS

#2-1723 FRANCIS STREET  
REGINA, SASK.  
S4N 7N2  
306-569-1262

2310 LOUISE AVENUE  
SASKATOON, SASK.  
S7J 2C7  
306-664-6646

1551 NORTH RAILWAY ST. WEST  
SWIFT CURRENT, SASK.  
S9H 5G3  
833-526-5299

BOX 5011, 144 BALL ROAD  
YORKTON, SASK.  
S3N 3Z4  
833-444-4126

1205 1ST AVENUE EAST  
PRINCE ALBERT, SASK.  
S6V 2A9  
306-922-0225