



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
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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
888-978-5215