

MEDICAL SUPPLY REQUISITION

Last name: _____ First name: _____ Phone: _____ BRN: _____

Address: _____ Apt #: _____ City: _____ Postal Code: _____

Infection precautions:	Order Date (Month/Day):	Delivery Date (Month/Day):	Nurse / Agency:	Delivery Type:
Droplet: Contact:				Regular(\$)
Airborne: Routine:				Same/Day/Weekend/Stat(\$\$)
				Immediate (5hours)(\$\$\$)

Special Instructions:	New Order:	Care Coordinator: _____
	Reorder:	Visit Frequency: _____

CODE	ITEM	Unit	Cap	Qty	CODE	ITEM	Unit	Cap	Qty
WOUND SUPPLIES					UROLOGY/INCONTINENCE				
	Abdominal pads	1	14			Leg bags	1	2	
	Alginate	1	14		U7200	Night Bag - antireflux,2000ml	1	2	
	Conform Bandage- non sterile	1	14		U0110	Tray - irrigation	1	7	
	Foam adhesive	1	6		U0120	Tray - Foley	1	2	
	Foam non adhesive	1	6		OTHER				Qty
	Gauze - sponges, clean	200	1						
	Gauze - sponges, sterile	1	25						
	"Medipore" tape	box	1						
	"Mesorb" Absorbent Pad	1	14						
W32005	Normal Saline - 0.9% 500ml	1	7						
W32011	Normal Saline - 0.9% 118ml	1	14						
W32006	Sterile water - 500ml	1	7						
NEEDLES & SYRINGES									
	Needles	1	14						
	Syringe - luer lock	1	14						
N2100	Cannula - "Interlink" blunt	1	14		Code	RESTRICTED ITEMS			Qty
MISCELLANEOUS									
M1002	Applicator - cotton tip, sterile	2 pkg	14						
	Barrier Wipe	1	14						
M1070	Chlorhexidine Swabstick w/alcohol	1	6		REASON				
M5050	Scissor - sterile, disposable	1	2						
M3010	Sponge - drain, sterile 10x10cm	2 pkg	14						
M2010	Swab wipe - alcohol prep	200bx	1						
M1050	Swab stick - "Proviodyne"	3pkg	2						
B6003	Tape - plastic "Transpore" 2.5	1	1						
B6004	Tape - Paper "Micropore" 2.5	1	1						
					Supervisor name: _____				
					Supervisor signature: _____				