

NIHB/AB REGION HOME CARE
 Client Specific Medical Supplies and Equipment Order Process

Date: _____
HCCP Contact: 780-495-2687 FAX
780-442-6798 Phone

Total # of Pages: _____
 (Only submit pages with items to order)

NOTICE TO RECIPIENT OF HEALTH INFORMATION
 As required by Section 42 of the *Health Information Act*, the individually identifying diagnostic, treatment and care information being disclosed to you by our agency is being disclosed to you under the authority of the *Health Information Act*. The health information being provided to an individual who is responsible for providing continuing treatment and care to the individual who is the subject of the information as per Sec. 35(1)(b). This information can only be used for the purposes of providing health services (including obtaining payment for these services) for the individual who is the subject of this information.

Client Information: (Complete all information clearly. Illegible or missing fields will cause unnecessary delays. Thank you!)

Client's Surname:	Date of Birth:	DD / MM / YY
Given Names:	Gender:	M <input type="checkbox"/> F <input type="checkbox"/>
Client DIAND #:	AB Health #:	
Description of Issues/Conditions (detailed)		<input type="checkbox"/> Admitted Home Care Client <input type="checkbox"/> New Home Care Client <input type="checkbox"/> Renal Client <input type="checkbox"/> Diabetic Client <input type="checkbox"/> <i>Prescription Attached</i>
This order represents _____ days supply.		30 days maximum for wound care 90 day for incontinence supplies

Home and Community Care Nurse Information: (*Nurse that assessed client*)

Name: (please print)	Community:
Telephone:	Fax:
Signature:	

Preferred Vendor:

Name of Vendor: (please print):	
Telephone:	Fax:

Name of Authorizer: (if no authorizer, please leave blank)

Name (please print):	Date:
Signature:	Authorizer #:

ONCE COMPLETE FORWARD TO: 780-495-2687

Note: For items not listed on formulary, please attach prescription.
 If additional product is required, attach justification.

GENERAL SUPPLIES						
Product Description	Benefit Code	Status	Quantity Ordered	NIHB/Regional Allowable Quantities	Authorizer Initials	
Gloves Examination, PVC, non-sterile	Small 100/BOX	99400318		BX	1 box per 30 days	
	Medium 100/BX	99400318		BX		
	Large 100/BX	99400318		BX		
Needles	18 G, 1" 100/BX	09991401		BX	1 box per month	
	25 G, 5/8" 100/BX	09991385		BX	1 box per month	
Safety Syringe	3 mL Luer Lock each	99400530		EA	4 per month	
Large Syringe	20 mL Luer Lock, each	99400548		EA	4 per month	
	30 mL Luer Lock, each	09991377		EA	4 per month	
	60 mL Catheter Tip, each	99400320		EA	4 per month	
Sharps Container 1.4L		99401026		EA	2 per 30 days	
EasiCleanse <i>(for bedridden clients only)</i>	5/pk	11111111		PK		
Topical Preparations, etc.						
Product Description	Benefit Code	Status	Quantity Ordered	NIHB/Regional Allowable Quantities	Authorizer Initials	
Barrier (Dimethylpolysiloxane 20%)	50g CR	02060841		TU		
Alcohol	200/BX	00795232		BX	(injection use only)	
Adhesive remover wipes	50/BX	99400476	PA	BX	6 boxes per year	
Tolnaftate 1% powder (Tinactin)	100g/BT	00576042		BT		
Tape, etc.						
Product Description	Benefit Code	Status	Quantity Ordered	NIHB/Regional Allowable Quantities	Authorizer Initials	
Steri-Strips	6 mm (1/4") x 7.5 cm, 3/EN	99400446	PA	EN		
	12 mm (1/2") x 10 cm, 6/EN	99400446	PA	EN		
Tape	Hypafix 10 cm, 10 m/BX	99400444		BX		
	Micropore 2.5 cm, 9 m/EA	99400444		EA		
	Transpore 2.5 cm, 9 m/EA	99400444		EA		
WOUND CARE						
Specialized Dressings						
Product Description	Benefit Code	Status	Quantity Ordered	NIHB/Regional Allowable Quantities	Authorizer Initials	
Disposable Wound Measurement Ruler	25/pd			EA	1 pad per month	
Calcium Alginate dressing	Kaltostat 7.5 x 12 cm, 10/BX	99400454	PA	BX	2 boxes per month	
	Kaltostat 2g strip 5/BX	99400454	PA	BX	2 boxes per month	
	Mesalt 10 x 10 cm, 30/BX	99400454	PA	BX	2 boxes per month	
	Mesalt ribbon, 10/PK	99400454	PA	PK	2 boxes per month	
Charcoal Dressing	Actisorb Silver 10.5 x 10.5 cm, 10/BX	99400809	PA	BX	2 boxes per month	
Foam Dressing	Mepilex foam, 10 x 20, 5/BX	99400456	PA	BX	4 boxes per month	
	Mepilex XT 10 x 10 cm, 5/BX	99400456	PA	BX	4 boxes per month	
	Mepilex XT 10 x 20 cm, 5/BX	99400456	PA	BX	4 boxes per month	
	Aquacel Foam Adhesive 10 x 10 cm, 10/BX	99400456	PA	BX	2 boxes per month	
	Aquacel Foam Adhesive 12.5 x 12.5 cm, 10/BX	99400456	PA	BX	2 boxes per month	
	Aquacel Foam Adhesive 17.5 x 17.5 cm, 10/BX	99400456	PA	BX	2 boxes per month	
	Biatain Silicone Adhesive 7.5 x 7.5 cm, 10/BX	99400456	PA	BX	2 boxes per month	
	Biatain Silicone Adhesive 10 x 10 cm, 10/BX	99400456	PA	BX	2 boxes per month	

Biatain Silicone Adhesive 15 x 15 cm, 5/BX	99400456	PA	BX	4 boxes per month	
Biatain Foam Super-Adhesive 15 x 15 cm, 10/BX	99400456	PA	BX	2 boxes per month	
Biatain Form Super-Adhesive 20 x 20 cm, 10/BX	99400456	PA	BX	2 boxes per month	
Hydrocolloid dressing DuoDerm Signal 10 x 10 cm, 5/BX	99400461	PA	BX	4 boxes per month	
DuoDerm Signal 14 x 14 cm, 5/BX	99400461	PA	BX	4 boxes per month	
DuoDerm Extra Thin CGF 10 x 10 cm, 10/BX	99400461	PA	BX	2 boxes per month	
Hydrophilic Dressing Triad Wound Drsg 71 gm	99400461	PA	TU	2 tubes per month	
Triad Wound Drsg 140 gm.	99400461	PA	TU	2 tubes per month	
<i>Triad Wound Dressings 2 tubes total of either size but not both</i>					
Hydrofiber Dressing Aquacel Extra 10 x 10 cm, 10/BX	99400454	PA	BX	2 boxes per month	
Aquacel 2 x 45 cm, 5/BX	99400454	PA	BX	4 boxes per month	
Exufiber Dressing 10 x 10 cm, 10/BX	99400454	PA	BX	2 boxes per month	
Exufiber Dressing 2 x 50 cm, 5/BX	99400454	PA	BX	2 boxes per month	
Hydrogel Intrasite gel, 10/BX	99400460	PA	BX	1 box per month	
Composite Dressing Alldress 10 x 10 cm, 10/BX	99400811	PA	BX	2 boxes per month	
Alldress 15 x 20 cm, 10/BX	99400811	PA	BX	2 boxes per month	
Non-Adherent Dressing Non-Impregnated					
Mepitel One 5 x 7.5 cm, 10/BX	99400463	PA	BX	2 boxes per month	
Mepitel One 7.5 x 10 cm, 10/BX	99400463	PA	BX	2 boxes per month	
Primapore 8 x 10 cm, 20/BX	99400463	PA	BX	2 boxes per month	
Primapore 35 x 10 cm, 20/BX	99400463	PA	BX	2 boxes per month	
Restore Contact Layer 10 cm x 12 cm, 10/BX	99400463	PA	BX	2 boxes per month	
Antimicrobial (AMD) Dressing					
AMD Super Sponges 10 cm x 17 cm, 20 x 2" s/BX	99400462	PA	BX		
AMD Packing Strips 0.6 cm (1/4") x 91 cm	99400468		EA		
AMD Packing Strips 1.2 cm (1/2") x 91 cm	99400468		EA		
AMD Gauze 11.4 cm x 3.5 m/ROLL	99400448		EA		
Transparent film dressing OpSite 10 x 12 cm, 50/BX	99400464	PA	BX	1 box per month	
OpSite Post-Op dressing 9.5 x 8.5 cm, 20/BX	99400811	PA	BX	1 box per month	
DRESSINGS					
Product Description	Benefit Code	Status	Quantity Ordered	NIHB/Regional Allowable Quantities	Authorizer Initials
Bandage, gauze, elastic ("Kling") 5 cm, 12/BG	99400448		BG		
7.5 cm, 12/BG	99400448		BG		
10 cm, 12/BG	99400448		BG		
15 cm, 6/BG	99400448		BG		
Bandage, tubular elastic latex free ("BurnNet")					
Size 1, 25 m/BX (Ex. Fingers, Toes)	99400451		BX		
Size 2, 25 m/BX (EX. Fingers, Wrist)	99400451		BX		
Size 3, 25 m/BX (Ex. Knee, Foot, Elbow, Hand)	99400451		BX		
Size 4, 25 m/BX (ex. Knee, Foot, Elbow, Hand)	99400451		BX		
Size 5, 25 m/BX (Ex. Calf, Thigh)	99400451		BX		
Size 7, 25 m/BX (Ex. Chest, Abdomen, Axilla)	99400451		BX		
Gauze, non-sterile, 4 ply 10 x 10 cm, 200/PG	99400458		PG		
Gauze, sterile, 4 ply 5 x 5 cm, 25 pkg of 2/TR	99400459		TR		
7.5 x 7.5 cm, 25 pkg of 2/TR	99400759		TR		
10 x 10 cm, 25 pkg of 2/TR	99400760		TR		
Gauze packing strip, sterile 0.6 cm x 4.5 m (Nu-gauze)	99400468		EA		

Gauze packing strip, sterile	1.3 cm x 4.5 m (Nu-gauze)	99400468		EA		
	Iodoform ¼" BTL	99400468		BTL		
	Iodoform ½" BTL	99400468		BTL		
Pad, abdominal, sterile	12 x 22 cm, 36/PG	99400457		PG		
Pad, eye, sterile	50/BX	99400466		BX		
MISCELLANEOUS						
Product Description		Benefit Code	Status	Quantity Ordered	NIHB/Regional Allowable Quantities	Authorizer Initials
Dressing tray, sterile disposable	BASIC	99400764	PA	EA	1 per dressing change	
	MINOR	99400764	PA	EA	1 per dressing change	
Sodium Chloride 0.9% (NS) irrigation	100 mL squeeze	99400469		BT		
	500 mL screw cap bottle	99400469		BT		
Liner, Classic Ultra	17 x 40 cm 20/package	99400457		EA		
Liner, Classic Super	10 x 28 cm 50/package	99400457		EA		
Betadine Solution	500 mL	00158348		EA		
Medi-Honey Gel	50 gm tube	99400901	PA	EA	1 tube per month	
Underpads (Light Use), disposable	For Wound Care					
	Blue 43 x 60 cm (17 x 24") 25/BG	11111111	PA	BG	2 pks per month	
CONTINENCE SUPPLIES						
Product Description		Benefit Code	Status	Quantity Ordered	NIHB/Regional Allowable Quantities	Authorizer Initials
Bedpan	Fracture, non-autoclavable plastic	99400294		EA	1 per 3 years	
Catheter, Foley 5 mL, indwelling latex	12 FR	99400420	PA	EA	4 ea per 3 months	
	14 FR	99400420	PA	EA	4 ea per 3 months	
	16 FR	99400420	PA	EA	4 ea per 3 months	
	18 FR	99400420	PA	EA	4 ea per 3 months	
	22 FR	99400420	PA	EA	4 ea per 3 months	
Catheter	Self-cath Female 6 inches 14 FR	99400421		EA	360 ea per 3 months	
	Self-cath Male 16 inches 14 FR	99400421		EA	360 ea per 3 months	
Catherization Tray		99400425	PA	EA		
Lubricant	(Muko) 3.5 g pouch, 100/BX	99400919		BX		
Urine bag	Leg bag with tubing, medium 562 mL	99400431	PA	EA	52 per year	
	Leg bad with tubing, large 946 mL	99400431	PA	EA	52 per year	
	Bedside bag, 2L	99400428	PA	EA	52 per year	
Urinal	Male spill-proof, autoclavable	99400306		EA	1 per 3 years	
Urinary irrigation set		99400426	PA	EA		
Underpads (Heavy Use), disposable	INCONTINENCE CLIENTS ONLY					
	Blue 43 x 60 cm (17 x 24") 25/BG	99400442	PA	BG	2 bgs per mo. or 150 per 3 mos. (6 bgs.)	
Underpads, reusable	24 x 36"/EA	99400443	PA	EA	1 per month	
Adult Mesh Pants	Mesh pants, Small-Medium, EA	99400755	PA	BG	3 each per month	
	Mesh pants, Large-Extra Large, EA	99400755	PA	BG	3 each per month	
	Mesh pants, XX-Large, EA	99400755	PA	BG	3 each per month	
Pads for Mesh Pants						
Attends Bladder Control Pads	Ultimate, 20/BG	99400438	PA	BG	150 per month	
	Day Regular, 24/BG	99400438	PA	BG	150 per month	
	Day Plus, 24/BG	99400438	PA	BG	150 per month	
	Super, 18/BG	99400438	PA	BG	150 per month	

Overnight, 18/BG	99400438	PA	BG	150 per month	
Diapers, Attends					
Briefs, Extra absorbent; Medium, (32-44") 24/BG	99401090	PA	BG	150 per month	
Briefs, Extra absorbent; Regular, (44-56") 24/BG	99401090	PA	BG	150 per month	
Briefs, Extra absorbent; Large, (44-58") 24/BG	99401091	PA	BG	150 per moth	
Briefs, Extra absorbent; X-Large, (58-63") 24/BG	99401091	PA	BG	150 per month	
Briefs, Extra absorbent; XX-Large, (63-70") 12/BG	99401092	PA	BG	150 per month	
Pull Up Attends					
Protective Underwear – Super Plus Absorbency; Youth/Small, (22 – 24", 80-120 lbs), 20/BG	99401087	PA	BG	150 per month	
Protective Underwear – Super Plus Absorbency; Medium (34 - ", 120-175 lbs), 20/BG	99401087	PA	BG	150 per month	
Protective Underwear – Super Plus Absorbency; Large, (44 – 58", 175-210 lbs), 18/BG	99401088	PA	BG	150 per month	
Protective Underwear – Super Plus Absorbency; X-Large (58 – 68", 210-250 lbs) 14/BG	99401088	PA	BG	150 per month	
Protective Underwear – Super Plus Absorbency; XXL (68 – 80", 250 lbs.+) 12/BG	99401089	PA	BG	150 per month	
OSTOMY SUPPLIES					
Product Description	Benefit Code	Status	Quantity Ordered	NIHB/Regional Allowable Quantities	Authorizer Initials
Paste Adapt Paste 1 x 2 oz.	99400408	PA	TU	1 per month	
Powder Adapt Stoma Powder 1 x 1 oz.	99400398	PA	TU	1 per month	
Flanges					
Flat Cut-to-fit 44mm Hollister #14202 5/BX	99400742	PA	BX	50 per 3 months	
57mm Hollister #14203 5/BX	99400742	PA	BX	50 per 3 months	
Convex Cut-to-Fit 44mm Hollister #14402 5/BX	99400743	PA	BX	50 per 3 months	
57mm Hollister #14403 5/BX	99400743	PA	BX	50 per 3 months	
Pouches					
Drainable Ileostomy/Colostomy 44mm Hollister #18172 10/BX	99400415	PA	BX	30 per 3 months	
57mm Hollister #18173 10/BX	99400415	PA	BX	30 per 3 months	
Drainable Urostomy 44mm Hollister #18922 10/BX	99400745	PA	BX	30 per 3 months	
57mm Hollister #18923 10/BX	99400745	PA	BX	30 per 3 months	
Wipes (Allkare) Skin Protective 100/BX	99400411	PA	BX	4 boxes per year	
Wipes No Sting Skin Prep Wipes, 50/BX	99400411	PA	BX	4 boxes per year	
<i>Only one (1) type of wipe, not both</i>					
DIABETIC SUPPLIES					
Product Description	Benefit Code	Status	Quantity Ordered	NIHB/Regional Allowable Quantities	Authorizer Initials
Bayer Microlet lancets, 200/BX	97799918		BX		
Contour Next, 100/BX	97799459		BX		
One Touch Ultra supplies (meter not available)					
One Touch Ultra Test Strips 100/BX	97799985		BX		
One Touch Ultra Soft Lancets 100/BX	97799970		BX		
One Touch Delica Lancets 100/BX	97799501		BX		

Product Description	Benefit Code	Status	Quantity Ordered	NIHB/Regional Allowable Quantities	Authorizer Initials
Tape Mepitac Silicone Tape 2 cm x 3 m	99400444		BX	1 box per month	
Hydrofiber Dressing Promogran 28 cm ² , 10/BX	99400454	PA	BX	2 boxes per month	
Antimicrobial Dressing Acticoat Flex 3 Silver, 10 x 10 cm, 12/BX	99400809	PA	BX	2 boxes per month	
Acticoat Flex 7 Ribbon, 2.5 x 60 cm, 5/BX	99400809	PA	BX	4 boxes per month	
Aquacel AG plus Extra ribbon 1 x 45 cm, 5/BX	99400809	PA	BX	4 boxes per month	
Aquacel AG plus Extra 10 x 10 cm, 10/BX	99400809	PA	BX	4 boxes per month	
Biatain AG Alginate 3 x 44 cm, 10/BX	99400809	PA	BX	4 boxes per month	
Biatain AG Alginate 10 x 10 cm, 10/BX	99400809	PA	BX	2 boxes per month	
Biatain IBU Foam 15 x 15 cm, 5/BX	99400456	PA	BX	4 boxes per month	
Biatain IBU Foam 20 x 20 cm, 5/BX	99400456	PA	BX	4 boxes per month	
Exsalt SD7 Wound Dressing 5 x 5 cm, 5/BX	99400809	PA	BX	4 boxes per month	
Exsalt SD7 Wound Dressing 10 x 12.5 cm, 5/BX	99400809	PA	BX	4 boxes per month	
Hydrofera Blue Dressing 10 x 10 cm, 10/BX	99400456	PA	BX	2 boxes per month	
Hydrofera Blue (Heavy Exudate) 10 x 10 cm, 5/BX	99400456	PA	BX	2 boxes per month	
Inadine 9.5 x 9.5 cm, 25/BX	99400810	PA	BX	2 boxes per month	
Iodosorb, 1 x 10G	99400810	PA	EA	2 tubes per month	
Iodosorb Dressing 4 x 6 cm, 5/BX	99400810	PA	BX	4 boxes per month	
Prisma 20 cm ² , 10/BX	99400809	PA	BX	2 boxes per month	
Restore Silver Contact Layer 10 x 12 cm, 10/BX	99400809	PA	BX	2 boxes per month	
Silvasorb Gel, 7.4 mL	99400809	PA	TU	2 tubes per month	
Compression Therapy Products					
Coban 2 Layer System (<i>Left</i>)	99400839	PA	BX	24 per year	
Coban 2 Layer System (<i>Right</i>)	99400840	PA	BX	24 per year	
Coban 2 Lite Layer System (<i>Left</i>)	99400839	PA	BX	24 per year	
Coban 2 Lite Layer System (<i>Right</i>)	99400840	PA	BX	24 per year	
Tubigrip Size D (Limb size 20-24 cm)	99400449		BX	8 per year total	
Tubigrip Size E (Limb size 24-28 cm)	99400449		BX	8 per year total	
Tubigrip Size F (Limb size 28-36 cm)	99400449		BX	8 per year total	
Tubigrip Size G (Limb size 36-46 cm)	99400449		BX	8 per year total	

PRESCRIPTIONS AND JUSTIFICATIONS FOR OFF FORMULARY ITEMS