MedPro Respiratory Care
*When every breath matters...™*

Phone 1-888-310-1444 • Fax 604-521-9286

**Please allow 2-3 business days for all requests**

Name:
DOB:
PHN:
Address:
City:
Phone:

# Respiratory Equipment Request

**British Columbia**

Patient Name: _____ Discharge Date: _____

Diagnosis: _____ Duration of use: _____

## Suction

☐ **Purchase**

☐ **Rental** (subject to availability)

Rental and purchased units include:

- Suction canister (qty 1)
- 6' Suction tubing (qty 1)

**Supplies**

☐ Yankauer qty: _____

Suction Catheters:

☐ 14fr ☐ 12fr ☐ 10fr qty: _____

Other _____ qty: _____

## myAirvo 2 Humidifier

☐ **Purchase**

☐ **Rental** (subject to availability)

**Temp: _____ Flow: _____ Hours/day: _____**

Rental and purchased units include:

- Filter (qty 1)
- Refillable water chamber (qty 1)
- Heated tubing (qty 1)

**Supplies**

☐ Mask interface adaptor (2/pk) qty: _____

☐ Tracheostomy interface (2/pk) qty: _____

Nasal Cannula (2/pk)

☐ Small qty: _____

☐ Medium qty: _____

☐ Large qty: _____

## Nebulizer

☐ **Purchase**

- Nebulizing Tobramycin ☐ Yes ☐ No

Includes:

- Pari LC Sprint nebulizer
- Tubing

**Supplies**

☐ Pari LC Plus nebulizer qty: _____
- for use with Tobramycin

☐ Pari LC Sprint nebulizer qty: _____

☐ Pari LC Star nebulizer qty: _____

Other: _____ qty: _____

## Tracheostomy Supplies

☐ **Tracheostomy Cleaning Kit** qty: _____

Includes:

- 1 Pair of blue nitrile gloves
- 2 Pipe cleaners
- 1 Trach brush
- 2 Cotton tip applicators
- 1 Drape
- 1 Twill tape trach holder
- 1 Removable basin
- 1 Fenestrated trach sponge

☐ **Tracheostomy Ties** qty: _____
- Box (10-12/box)

☐ **Tracheostomy Tube** qty: _____

☐ Shiley Size: _____

☐ Portex ☐ Cuff ☐ Cuffless

☐ **Speaking Valve** qty: _____

☐ w/O2 Port

☐ **Tracheostomy Gauze**

☐ 2x2 (box of 50 2/pack) qty: _____

☐ 4x4 (box of 25 2/pack) qty: _____

**Notes/Additional Requests:** _____

**Physician/Nurse Practitioner/Healthcare Provider** **Signature** **MSP #**

**Fax #** **Phone #** **Date**