CARE PRODUCTS FOR LARYNGECTOMY
ORDER FORM
CHUM

MATÉRIEL DE SOINS POUR LARYNGECTOMISÉS
CHUM

*SERVICE AUX LARYNGECTOMISÉS,*

*PROGRAMME D’AIDE À LA COMMUNICATION*

*Orders are shipped once a month only.*  Orders are not systematically renewed. For all repeat orders, please complete this form and return it to us by mail, email or fax to :

**Service aux laryngectomisés, Programme d’aide à la communication (SAL-PAC)**

Centre hospitalier de l’Université de Montréal (CHUM)

Pavillon C, 9e étage

1000, rue Saint-Denis, porte C.09.7221

Montréal (Québec) H2X 3J4

**Téléphone**: 514 890-8000, poste 25585

**Télécopieur**: 514 412-7008

**Courriel**: sal-pac.chum@ssss.gouv.qc.ca

***Please note that there is a time delay for delivery and there are no rush orders.***

**Order for : 1 month**[ ]  **2 months** [ ]

|  |  |  |
| --- | --- | --- |
| **MATERIAL** | **MAXIMUM AMOUNT PERMITTED** | **QUANTITY** |
| Tracheostomy Cotton Ribbon | 1 - 50 m roll per month1 – 100 m roll per 2 months |       |
| 15.2cm non-sterile Cotton Tipped Applicators | 3 bags of 100 units per month6 bags of 100 units per 2 months |       |
| Small 6" Tracheostomy Brushes | 4 per month8 per 2 months |       |
| 0.9% 5ml NACL Saline Solution | 1 box of 100 units per month2 box of 100 units per 2 months |       |
| Filters for laryngectomees with ties |  A maximum of 4 per month or 8 per 2 months, of any kind (cotton or foam) | Cotton filter :        |
| Foam filter :        |
| Foam Stoma Protectors - Tan | 1 package of 30 units per month 2 packages of 30 units per 2 months |       |
| 10cm x 10cm non-woven Sponges | 2 boxes of 100 units per month4 boxes of 100 units per 2 months |       |
| **FOR USERS OF TRACHEOESOPHAGEAL PROSTHESES** |
| Flushing Device | 1 per 2 months |       |
| TEP Brush | 1 per month2 per 2 months  |       |
| Hypoallergenic  Medical Tape1,25 cm [ ]  OR 2,5 cm [ ]  | 1 roll per month2 rolls per 2months |       |
| *\* Make sure that the requested quantity matches the period covered by the order you checked above* |
| **Other request :**  |  |
|       |

**The SAL-PAC program reserves the right to limit quantities.**

LAST NAME :       FIRST NAME :

ADDRESS :

CITY :       POSTAL CODE :

PHONE NUMBER :       DATE OF BIRTH :

**If you have provided us with a change of address, is this a permanent change? YES** [ ]  **NO** [ ]