CARE PRODUCTS FOR TRACHEOSTOMY
ORDER FORM
CHU de Québec – Université Laval

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)**

CHU de Québec-Université Laval

L’Hôtel-Dieu de Québec

11, Côte du Palais, porte 1565

Québec QC G1R 2J6

**Téléphone**: 418 691-5095

**Télécopieur**: 418 691-5377

**Courriel**: programmesalpac@chudequebec.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 | 50 m roll per month100 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 boxes of 100 units per 2 months |       |
| 10cm x 10cm Drain Sponges | 2 boxes of 50 units per month4 boxes of 50 units per 2 months |       |
| 10cm x 10cm non-woven Sponges | 2 boxes of 100 units per month4 boxes 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 :        |

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| *\* 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** ☐