SERVICE AUX LARYNGECTOMISÉS,
PROGRAMME D'AIDE À LA COMMUNICATION

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

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	1 - 50 m roll per month 1 – 100 m roll per 2 months	
15.2cm non-sterile Cotton Tipped Applicators	3 bags of 100 units per month 6 bags of 100 units per 2 months	
Small 6" Tracheostomy Brushes	4 per month 8 per 2 months	
0.9% 5ml NACL Saline Solution	1 box of 100 units per month 2 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 month 4 boxes of 100 units per 2 months	
FOR USERS OF TRACHEOESOPHAGEAL PROSTHESES		
Flushing Device	1 per 2 months	
TEP Brush	1 per month 2 per 2 months	
Hypoallergenic Medical Tape 1,25 cm ☐ OR 2,5 cm ☐	1 roll per month 2 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** ☐