CARE PRODUCTS
ORDER FORM
CHUM

*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

**Telephone**: 514 890-8236

**Fax**: 514 412-7899

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

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

CHUM

Pavillon C, 9e étage

1000 Saint-Denis

Montréal, Québec H2X 0C1

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

**Please enter the amount of material required for a 4-week period:**

|  |  |  |
| --- | --- | --- |
| **MATERIAL** | **MAXIMUM AMOUNT PERMITTED** | **QUANTITY** |
| Tracheo ribbon | 6 rolls of 100m or 12 rolls of 50m per year |       |
| 15.2cm non-sterile cotton tip applicators | 3 bags of 100 units per month |       |
| Small 6’’ tracheal brushes  | 4 per month |       |
| 0.9% 5ml NACL saline solution | 1 box of 100 units per month |       |
| 10cm x 10cm drain sponges | 2 boxes of 50 units per month |       |
| 10cm x 10cm non-sterile sponges | 2 boxes of 100 units per month |       |
| 1.25cm hypoallergenic cloth tape | 2 rolls per month |       |
| 2.5cm hypoallergenic cloth tape | 2 rolls per month |       |
| Cotton filters for laryngectomees | 4 per month |       |
| Foam filters for laryngectomees | 4 per month |       |
| Adhesive foam squares | 1 package of 30 units per month |       |
| Servox battery | 2 per year  |       |
| 9V Cooper Rand battery | 2 per month |       |

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

LAST NAME:       FIRST NAME:

ADDRESS:

CITY:       POSTAL CODE:

TELEPHONE:       DATE OF BIRTH:

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

|  |  |
| --- | --- |
| **Other requests:**  |  |
|  |