



A division of Brown Healthcare

HipSaver Canada
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HipSaver Order Form for Canadian Veterans

Veteran's Name: _____

Veteran's K Number: _____

Name of Residence: _____

Address: _____

Contact Name: _____ Phone: _____

1. HipSaver Model Required:

SlimFit Nursing Home QuickChange Wrap&Snap Open-Bottom
Open-Bottom 3 Snap SoftSweats (fill out SoftSweats order form) SoftSweats Shorts
Interim

2. Options Required (Please Circle):

Tailbone Padding Fly Front EZ Pull Handles

3. Hip Measurement _____ or Size _____

4. Number of Units Required *: _____

* Note: Veterans' Affairs Canada will currently pay for two (2) HipSavers per calendar year. If you have a resident who is incontinent, please contact Help Mates/HipSaver Canada (1-888-771-0977) to discuss further options.

HipSavers may be prescribed by an M.D., R.N., O.T. or P.T.

HipSavers have been prescribed for the above named individual by:

Name: _____ Professional Designation: _____

Address: _____

Phone: _____