

HipSaver Canada

P.O. Box 82 Exeter, ON, NOM 1S6 Web: www.hipsaver.ca Toll Free: 1-888-771-0977 Phone: 519-235-1197 Fax: 519-235-3287 Email: sales@hipsaver.ca

## **HipSaver Order Form for Canadian Veterans**

Address:	/eteran's Name	·
Contact Name:	/eteran's K Num	ber:
Contact Name: Phone:	Name of Resider	nce:
SlimFit Nursing Home QuickChange Wrap&Snap Open-Bottom Open-Bottom 3 Snap SoftSweats (please fill out SoftSweats order form) SoftSweats Shorts Interim  C. Options Required (Please Circle):  Tailbone Padding Fly Front EZ Pull Handles  B. Hip Measurement or Size  I. 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 noontinent, 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:	Address:	
SlimFit Nursing Home QuickChange Wrap&Snap Open-Bottom Open-Bottom 3 Snap SoftSweats (please fill out SoftSweats order form) SoftSweats Shorts Interim  C. Options Required (Please Circle):  Tailbone Padding Fly Front EZ Pull Handles  B. Hip Measurement or Size  I. 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 noontinent, 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:		
SlimFit Nursing Home QuickChange Wrap&Snap Open-Bottom Open-Bottom 3 Snap SoftSweats (please 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:	Contact Name:	Phone:
SlimFit Nursing Home QuickChange Wrap&Snap Open-Bottom Open-Bottom 3 Snap SoftSweats (please 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:		
SoftSweats (please 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 *:  SoftSweats Shorts Interim  F 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:	L. HipSaver Mod	lel Required (Please Circle):
Tailbone Padding Fly Front EZ Pull Handles  B. Hip Measurement or Size  B. 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:	SlimFit	Nursing Home QuickChange Wrap&Snap Open-Bottom Open-Bottom 3 Snap
Tailbone Padding Fly Front EZ Pull Handles  B. Hip Measurement or Size  B. Number of Units Required *:  F 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:	:	SoftSweats (please fill out SoftSweats order form) SoftSweats Shorts Interim
B. Hip Measurement or Size  B. Number of Units Required *:  S. 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:	2. Options Requ	ired (Please Circle):
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:		Tailbone Padding Fly Front EZ Pull Handles
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:	B. Hip Measurer	nent or Size
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:	I. Number of Ur	nits Required *:
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:		
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:	' <u>Note</u> : Veterans'	Affairs Canada will currently pay for two (2) HipSavers per calendar year. If you have a resident who is
HipSavers have been prescribed for the above named individual by:	ncontinent, pleas	e contact Help Mates/HipSaver Canada (1-888-771-0977) to discuss further options.
HipSavers have been prescribed for the above named individual by:		
Name:	HipSavers ma	y be prescribed by an M.D., R.N., O.T. or P.T.
Name:	HipSavers have b	peen prescribed for the above named individual by:
	·	
Phone:		

Please transmit this order form to HipSaver Canada via one of the following methods:

Fax: 1-519-235-3287 or Email: sales@hipsaver.ca