



HipSaver Canada  
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Phone : 519-235-1197  
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Email : sales@hipsaver.ca

**HipSaver Prescription Order Form**

**Are we billing the resident's trust account?**  
 **yes**  **no**

End User's Name: \_\_\_\_\_

Name of Residence: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**IF WE ARE NOT BILLING THE FACILITY COMPLETE ITEM #5**

**1. HipSaver Model Required (Please Circle):**

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):** (all options are not available on all models)

Tailbone Padding    Fly Front    EZ Pull Handles

**3. Hip Measurement \_\_\_\_\_ or Size \_\_\_\_\_**

**4. Number of Units Required \*:** \_\_\_\_\_

**5. Are we billing the family or financially responsible person? PLEASE PROVIDE THEIR CONTACT INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

**HipSavers may be prescribed by an M.D., R.N., O.T. or P.T. (professional designation must be noted)**

HipSavers have been prescribed for the above named individual by:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

**INCOMPLETE INFORMATION WILL DELAY FILLING THIS ORDER – PLEASE MAKE SURE ALL RELEVANT INFORMATION HAS BEEN PROVIDED**

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

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