



**EHS Registered Medical First Responders**  
**APPROVED CONSUMABLES RE-ORDER FORM**  
**FAX TO: (902) 832-8602**

*(PLEASE PRINT)*

**NAME OF AGENCY:** \_\_\_\_\_

**CONTACT PERSON:** \_\_\_\_\_ **TELEPHONE:** \_\_\_\_\_

**SHIPPING ADDRESS:** \_\_\_\_\_

**NOTE:** To order **defibrillator pads**, please use the **Request for Return of Missing/Damaged Equipment form**.  
**HeartStart FRx pads** should be ordered **two (2) weeks** prior to expiry.  
**LIFEPAK 500 pads** should be returned to MFR Services for exchange **six (6) months** prior to expiry.

DESCRIPTION	UOM	QTY
Abdominal Pad, 5"x9" Sterile	20/Box	
Airways NPA, 12Fr	Each	
Airways NPA, 18Fr	Each	
Airways NPA, 24Fr	Each	
Airways NPA, 32Fr	Each	
Airways OPA, 0 (50mm)	Each	
Airways OPA, 1 (60mm)	Each	
Airways OPA, 2 (70mm)	Each	
Airways OPA, 3 (80mm)	Each	
Airways OPA, 4 (90mm)	Each	
Airways OPA, 5 (100mm)	Each	
Airways OPA, 6 (110mm)	Each	
Airways OPA, Pediatric	Each	
Alcohol Wipes	200/Box	
Band-aids	100/Box	
Burn Kit	Each	
BVM, Adult	Each	
BVM, Pediatric	Each	
Collar, Adult	Each	
Collar, Pediatric	Each	
Collar, Infant	Each	

DESCRIPTION	UOM	QTY
Corrugated Splint, S (White)	Each	
Corrugated Splint, M (Blue)	Each	
Corrugated Splint, L (Yellow)	Each	
Corrugated Splint, XL (Red)	Each	
Gauze Dressing, 4"x4" 8-Ply Sterile	50/Box	
Gauze, Conform, 4"x4.1" Sterile	12/Pkg	
Gloves, Small	100/Box	
Gloves, Medium	100/Box	
Gloves, Large	100/Box	
Gloves, X-Large	100/Box	
Lubricating Jelly, 3.5g	Each	
Nasal Cannula, Adult	Each	
Non-Sterile Bulk 4"x4"	200/Pkg	
OBS Kit	Each	
Oxygen Mask, Adult	Each	
Oxygen Mask, Pediatric	Each	
Saline, 0.9% NaCl Inj 1000ml	Each	
Tape, Transpore 1"x10 yd	12/Box	
Triangular Bandage, 40"x60" w/2	Each	
V-Vac Cartridge	Each	
Patient Care Report Forms	Pad	
Continuation Forms	Pad	

\_\_\_\_\_  
**Signature of requester**

\_\_\_\_\_  
**Date**

<b>EHS MFR SERVICES USE ONLY</b>	
<b>Date order received</b>	_____
<b>Account #</b>	_____
<b>Date order filled</b>	_____
<b>Filled by</b>	_____