



## EHS Registered Medical First Responders

### APPROVED CONSUMABLES RE-ORDER FORM

FAX TO: (902) 832-8602

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

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

**TELEPHONE/CELLULAR:** \_\_\_\_\_

*(PLEASE PRINT)*

DESCRIPTION	UOM	CURRENT INVENTORY	REQUESTED QUANTITY
Gauze Dressing, 4"x4" 8-Ply Sterile	50/Box		
Abdominal Pad, 5"x9" Sterile	20/Box		
Gloves, Small	100/Box		
Gloves, Medium	100/Box		
Gloves, Large	100/Box		
Gloves, X-large	100/Box		
Airways OPA, Pedi	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		
V-Vac Cartridge	Each		
BVM, Adult	Each		
BVM, Pediatric	Each		
Saline, 0.9% NaCl Inj 1000ml	Each		
Collar, Adult	Each		
Collar, Pedi	Each		
Collar, Baby	Each		
Gauze, Conform, 4"x4.1" Sterile	12/Pkg		
Tape, Transpore 1"x10 yd	12/Box		
Airways NPA, 12Fr	Each		
Airways NPA, 18Fr	Each		
Airways NPA, 24Fr	Each		
Airways NPA, 32Fr	Each		
Triangular Bandage, 40"x60" w/2 pins	Each		
Non-Sterile Bulk 4"x4"	200/Pkg		
Lubricating Jelly, 3.5g	Each		
Alcohol Wipes	200/Box		
Band-aids	100/Box		
Oxygen Mask, Adult	Each		
Oxygen Mask, Pediatric	Each		
OBS Kit	Each		
Burn Kit	Each		
Corrugated Splint, XL (Red)	Each		
Corrugated Splint, L (Yellow)	Each		
Corrugated Splint, M (Blue)	Each		
Corrugated Splint, S (White)	Each		
Patient Care Report Forms	Pad		
Continuation Forms	Pad		

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

Date \_\_\_\_\_

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