

## Home Birth Supplies Program PDC Order Form for Reusable Equipment

This form is required for ordering reusable equipment only. The form must be approved by the Health Authority Representative prior to submitting it to PDC.

Maximum quantity per order at any time is one of each of these items.

Check to order	PDC Code	Product Description*
<input type="checkbox"/>	6515871476	CHARGER/ADAPTER AC/DC DEVILBISS EA - not required if ordering new Devilbiss suction pump
<input type="checkbox"/>	6680990091	CHARGER/ADAPTER AC/DC LAERDAL COMP SUCT - required only for existing Laerdal suction pumps
<input type="checkbox"/>	6515871477	CORD POWER AC 7314P-613 DEVILBISS CHARGE - not required if ordering new Devilbiss suction pump
<input type="checkbox"/>	6515110800	DOPPLER FETAL AUD 2MHZ PROBE HUNTGL 1/BX
<input type="checkbox"/>	6515110090	CARRYING CASE FOR HUNTGL DOPPLERS 1EA – to be ordered with new Doppler only
<input type="checkbox"/>	6515508383	HEADLAMP LED 2075 LUMENS DUAL COAST
<input type="checkbox"/>	6515110198	OXIMETER PULSE DIGITAL EDAN EA
<input type="checkbox"/>	6515508597	OXIMETRY NEONATAL WRAP SENSOR REUSE EA
<input type="checkbox"/>	6515508639	PAD HEATING DIGITAL 12" X 24" BIOS EACH
<input type="checkbox"/>	6515515007	REGULATOR OXY CP FOR SIZE "D" O2 TANK EA
<input type="checkbox"/>	6515160174	SPHYGMOMANOMETER KIT ADLT DURASHOCK
<input type="checkbox"/>	6515160182	SPHYGMOMANOMETER CUFF RUSE LG ADLT
<input type="checkbox"/>	6515160189	SPHYGMOMANOMETER CUFF RUSE SM ADLT
<input type="checkbox"/>	6515990001	SPHYGMOMANOMETER INFLATION BULB WA – for replacement
<input type="checkbox"/>	6515160118	STETHOSCOPE DUAL HEAD LITTMANN BLK EA
<input type="checkbox"/>	6515508398	STETHOSCOPE FETAL 22" ALMEDIC EA
<input type="checkbox"/>	6515110153	STETHOSCOPE INFANT LITTMAN CLASSIC EA
<input type="checkbox"/>	6515872083	SUCTION UNIT W/800ML CANIST DEVILBIS KIT
<input type="checkbox"/>	6515515013	THERMOMETER DIGITAL SURETEMP W/A EA

\*for more product details please search using product PDC Code in the **View Full Catalogue** section on PDC Shopping Cart

To be completed by care provider

Care Provider's Name	
PDC Customer Number	
Date:	

To be completed by Health Authority Representative\*

<b>Health Authority Representative*</b>	<b>NAME</b> (Please Print)	
	<b>EMAIL</b> (to be used for confirmation)	
	<b>Date of approval</b>	
	<b>SIGNATURE</b>	

**\*Health Authority Representative as listed in the Schedule C of the Access Agreement**

Please send the completed order form to:

PDC Customer Service  
via email [PDCCustomerSer@gov.bc.ca](mailto:PDCCustomerSer@gov.bc.ca)  
or FAX (604) 941-6632.

Thank you.