

# RR DONNELLEY

Fax/E-Mail Supply Order Form for BC Perinatal Health Program Perinatal Forms

**Send order form to:**

**Gail Truesdell**

**Phone 250.860.6466 / 1.800.661.6466**

**Fax 250.860.9689 / 1.800.661.9689**

**email psbc@rrd.com**

<p><b><u>Ship to:</u></b>  <b>Name of facility:</b></p> <p style="padding-left: 40px;"><b>Address:</b></p> <p style="padding-left: 40px;"><b>Attn To:</b></p> <p style="padding-left: 40px;"><b>Dept:</b></p> <p style="padding-left: 40px;"><input type="checkbox"/> Hospital      <input type="checkbox"/> Public Health Unit          (please check one)</p>	<p><b>Date:</b></p> <p><b>Requisitioned by:</b></p> <p><b>Phone #</b></p> <p><b>PO #</b></p> <p><b>Special Instructions:</b></p>
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Form #	Form Name	UOM	Quantity Ordered
1582	BC Antenatal Record	100/pkg	
1583	BC Labour Partogram (Feb 2010)	100/pkg	
1583A	BC Newborn Record parts 1 & 2	100/pkg	
1583B	BC Expanded Newborn Resuscitation	100/pkg	
1588	BC Labour & Birth Summary	100/pkg	
1590	Perinatal Triage and Assessment Record (Feb 2010)	100/pkg	
1591	BC Community Liaison Record	100/pkg	
1592	BC Maternal Postpartum	100/pkg	
1593	BC Newborn Care Path	100/pkg	
1594	BC Variance Record	100/pkg	
1595	BC Maternal Cesarean Care	100/pkg	
1596	Community Maternal Assessment	100/pkg	
1597	Community Newborn Checklist	100/pkg	

**Facilities are responsible to order antenatal forms for their physicians and midwives with privileges.  
*Pick and pack & freight charges apply if orders received from individual offices.***