

## Client Supply Request form

Welcome to Cancer Patient Services! Please complete this form and leave it here with us.

Client's Name: \_\_\_\_\_ Requested Date: \_\_\_\_\_ Received Date: \_\_\_\_\_

Client Representative: \_\_\_\_\_

### Food Supplement – Write number of items desired

Ensure: Chocolate \_\_\_\_\_ Vanilla \_\_\_\_\_ Strawberry \_\_\_\_\_

Boost: Chocolate \_\_\_\_\_ Vanilla \_\_\_\_\_

Protein Powder \_\_\_\_\_

Juice: Apple \_\_\_\_\_ Wild Berry \_\_\_\_\_ Mixed Berry \_\_\_\_\_ Orange \_\_\_\_\_ Variety \_\_\_\_\_

**Diabetic BOOST: G/C:** Chocolate \_\_\_\_\_ Vanilla \_\_\_\_\_

### Ostomy- Write number of items desired

Drip Pads \_\_\_\_\_ Under Pads \_\_\_\_\_ Disposable Wipes: \_\_\_\_\_

Gloves: S M L XL \_\_\_\_\_

Tape (cloth, paper) (1inch or 2 inch) \_\_\_\_\_ Pull Ups (small, medium, large, xl, 2xl) \_\_\_\_\_

Briefs (tape) (small, medium, large) \_\_\_\_\_ Tena for Men \_\_\_\_\_ Guards for Men \_\_\_\_\_ Masks \_\_\_\_\_

Aloe Vera Gel: \_\_\_\_\_ Renew Lotion: \_\_\_\_\_ Biotene \_\_\_\_\_ Gauze: \_\_\_\_\_

Special Order/Other: \_\_\_\_\_

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Other: \_\_\_\_\_

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