

Product Request Form

Medical Consumables



Date:

Requestor Name and Designation:

Facility / Department:

Action Requested:

Product Name:

Specifications:

Supplier Code/Product Code:

Quantity Required:

Urgency:

- Needs adding to approved list
- Needs adding to FM sign off list
- One off Product Approval OR Nominated Period of Time (for specific resident/situation)
- List needs amending – please state with what:

Justification for request: (Individual, Site, or Group Requirement - What/Why/How/Risk of not doing it):

Recommended by Residential Manager:

EMAIL Form to: BC Care Development Unit for Approval (sbalmer@baptistcare.org.au)

HEAD OFFICE USE ONLY

Date request received:

Action Taken:

- Added to Group's approved list
- Added to Home's Approved list
- One off approval given for specific resident
- Approval for specific period of time and then resubmit
- Request declined

Feedback to requestor:

Yes No Date feedback sent:

Sent to EBOS:

Yes No Date sent:

EMAIL FORM TO EBOS TO ADD PRODUCT TO TEMPLATE:
agedcaresupport@ebosgroup.com.au.

Reason: