



A division of Brown Healthcare

HipSaver Canada

P.O. Box 7124

Innisfil, ON, L9S 1A9

Web : www.hipsaver.ca

Toll Free : 1-888-771-0977

Fax : 519-235-3287

Email : sales@hipsaver.ca

HipSaver Order Form for Canadian Veterans

Veteran's Name: _____

Veteran's K Number: _____

Name of Residence: _____

Address: _____

Contact Name: _____ Phone: _____

1. HipSaver Model Required (Please Circle):

SlimFit Nursing Home QuickChange Wrap&Snap Open-Bottom Open-Bottom 3 Snap

SoftSweats (please fill out SoftSweats order form) SoftSweats Shorts Interim

2. Options Required (Please Circle):

Tailbone Padding Fly Front EZ Pull Handles

3. Hip Measurement _____ **or Size** _____

4. Number of Units Required *: _____

* Note: Veterans' Affairs Canada will currently pay \$225 per year which generally covers two (2) HipSavers per calendar year.

Please feel free to contact HipSaver Canada (1-888-771-0977) to discuss options.

HipSavers may be prescribed by an M.D., R.N., O.T. or P.T.

HipSavers have been prescribed for the above named individual by:

Name: _____

Address: _____

Phone: _____

Please transmit this order form to HipSaver Canada via one of the following methods:

Fax: 1-519-235-3287 or Email: sales@hipsaver.ca