



HipSaver Canada
P.O. Box 7124
Innisfil, ON, L9S 1A9
www.brownhealthcare.com

Toll Free : 1-888-771-0977
Fax : 519-235-3287
Email : sales@hipsaver.ca

HipSaver Prescription Order Form

**Are we billing the
resident's trust
account?**
☐ yes ☐ no

End User's Name: _____

Name of Residence: _____

Address: _____

Contact Name: _____ Phone: _____

IF WE ARE NOT BILLING THE FACILITY COMPLETE ITEM #5

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): (all options are not available on all models)

Tailbone Padding Fly Front EZ Pull Handles

3. Hip Measurement _____ or Size _____

4. Number of Units Required *: _____

5. Are we billing the family or financially responsible person? PLEASE PROVIDE THEIR CONTACT INFORMATION:

Name: _____

Address: _____

Phone: _____

HipSavers may be prescribed by an M.D., R.N., O.T. or P.T. (professional designation must be noted)

HipSavers have been prescribed for the above named individual by:

Name: _____

Address: _____

Phone: _____

INCOMPLETE INFORMATION WILL DELAY FILLING THIS ORDER – PLEASE MAKE SURE ALL RELEVANT INFORMATION HAS BEEN PROVIDED

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

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