Indigenous Services Canada | Services aux Autochtones Canada

Recommendation for Medical Supplies and Equipment

This form may be used to recommend medical supplies and equipment eligible for coverage under the Non-Insured Health Benefits Program. This is not an assessment form. The recommender must do a complete assessment prior to completing this form. Benefits covered can be found on the NIHB MS&E Benefit Lists. For additional information, including eligibility criteria, refer to the Guide for Medical Supplies and Equipment Benefits under www.canada.ca/NIHB.

CLIENT INFORMATION (Please print. Illegible or missing fields will cause delays.)

Surname:	Given Name(s):
Date of Birth: (YYYY-MM-DD):	Client Identification Number*:

Medical supply or equipment recommended (Attach assessment report in support of the recommendation.)

(check if applicable)

☐ Palliative Care Client ☐ Hospital Discharge date _____

☐ Bariatric Client: Height _____ Weight _____

Duration of treatment:	Quantity recommended:	Size recommended:

RECOMMENDER INFORMATION (Please print)

Surname:	Given Name(s):

☐ Registered Nurse ☐ Registered Occupational Therapist ☐ Registered Physiotherapist

☐ Other NIHB approved (Describe): _____

Licence Number:	Regulatory Body/College:
Office Name/Location:	
Phone Number:	e-mail:

Signature (Health Professional): _____ Date (YYYY-MM-DD): _____

FAX: 1-866-600-1041