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): ______

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