

**CHRIST CENTERED MEDICAL  
ADAPTIVE AID AUTHORIZATION**

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Client Name: \_\_\_\_\_ Date \_\_\_\_\_

Agency Name: \_\_\_\_\_

Agency Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Beginning IPC date for supplies: \_\_\_\_\_ Ending IPC date: \_\_\_\_\_

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See Contract Pricing list for costs at: [www.ccmedical.info](http://www.ccmedical.info)

Prices can change without notice.

- |  |                                  |     |
|--|----------------------------------|-----|
| <input type="checkbox"/> Bibs- disposable 300 ct./case           | _____ cases @ \$ _____           | cs  |
| <input type="checkbox"/> Bibs- terrycloth dozen                  | _____ dozen @ \$ _____           | doz |
| <input type="checkbox"/> Bibs- terrycloth dozen w/barrier        | _____ boxes per month @ \$ _____ | cs  |
| <input type="checkbox"/> Ensure- Butter Pecan                    | _____ cases per month @ \$ _____ | cs  |
| <input type="checkbox"/> Ensure- Chocolate                       | _____ cases per month @ \$ _____ | cs  |
| <input type="checkbox"/> Ensure- Strawberry                      | _____ cases per month @ \$ _____ | cs  |
| <input type="checkbox"/> Ensure- Vanilla                         | _____ cases per month @ \$ _____ | cs  |
| <input type="checkbox"/> Ensure Plus- Chocolate                  | _____ cases per month @ \$ _____ | cs  |
| <input type="checkbox"/> Ensure Plus- Strawberry                 | _____ cases per month @ \$ _____ | cs  |
| <input type="checkbox"/> Ensure Plus- Vanilla                    | _____ cases per month @ \$ _____ | cs  |
| <input type="checkbox"/> Gloves- Latex small-powdered, 100/bx    | _____ boxes per month @ \$ _____ | bx  |
| <input type="checkbox"/> Gloves- Latex medium-powdered 100/bx    | _____ boxes per month @ \$ _____ | bx  |
| <input type="checkbox"/> Gloves- Latex large-powdered 100/bx     | _____ boxes per month @ \$ _____ | bx  |
| <input type="checkbox"/> Gloves- Latex small-powder free 100/bx  | _____ boxes per month @ \$ _____ | bx  |
| <input type="checkbox"/> Gloves- Latex medium-powder free 100/bx | _____ boxes per month @ \$ _____ | bx  |
| <input type="checkbox"/> Gloves- Latex large-powder free 100/bx  | _____ boxes per month @ \$ _____ | bx  |
| <input type="checkbox"/> Gloves- Vinyl small-powdered 100/bx     | _____ boxes per month @ \$ _____ | bx  |
| <input type="checkbox"/> Gloves- Vinyl medium-powdered 100/bx    | _____ boxes per month @ \$ _____ | bx  |
| <input type="checkbox"/> Gloves- Vinyl large-powdered 100/bx     | _____ boxes per month @ \$ _____ | bx  |
| <input type="checkbox"/> Gloves- Vinyl small-powder free 100/bx  | _____ boxes per month @ \$ _____ | bx  |
| <input type="checkbox"/> Gloves- Vinyl medium-powder free 100/bx | _____ boxes per month @ \$ _____ | bx  |
| <input type="checkbox"/> Gloves- Vinyl large-powder free 100/bx  | _____ boxes per month @ \$ _____ | bx  |
| <input type="checkbox"/> Underpads- disposable 150/cs            | _____ cases @ \$ _____           | cs  |
| <input type="checkbox"/> Underpads- reusable dozen               | _____ cases @ \$ _____           | cs  |
| <input type="checkbox"/> Wipes- 64 ct./pack                      | _____ packs per month @ \$ _____ | pk  |
| <input type="checkbox"/> Other: _____                            |                                  |     |
| <input type="checkbox"/> Other: _____                            |                                  |     |
| <input type="checkbox"/> Other: _____                            |                                  |     |
| <input type="checkbox"/> Other: _____                            |                                  |     |
| <input type="checkbox"/> Other: _____                            |                                  |     |
| <input type="checkbox"/> Other: _____                            |                                  |     |

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I approve the above adaptive aid supplies for my client.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_