



## Kangaroo Joey Enteral Feed and Flush Pump Training Referral

<b>Patient Name:</b>  <b>Patient Address:</b>	<b>Phone Number:</b>																					
<b>Location for training:</b> Health Care Facility <input type="checkbox"/> Home <input type="checkbox"/> Other <input type="checkbox"/> If Health Care Facility, please give contact name/ward/location details:																						
<b>Delivery of sets to:</b> Health Care Facility <input type="checkbox"/> Home <input type="checkbox"/> Community Stores <input type="checkbox"/>																						
<b>Delivery Address:</b>	<b>Please choose from the list below the items required for the patient's <u>Free of Charge</u> 7 Day Supply:</b>																					
<b>Requested Training Date:</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 150px;"><b>383400</b></td> <td><b>Kangaroo™ Joey Enteral Feed and Flush Pump with pole clamp &amp; power adapter</b></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td><b>777503</b></td> <td><b>3-in-1 Feed Only Set</b></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td><b>777506</b></td> <td><b>3-in-1 Feed and 1000ml Flush Set</b></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td><b>666064</b></td> <td><b>500ml Reservoir Set</b></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td><b>666106</b></td> <td><b>1000ml Reservoir Set</b></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td><b>1814340236</b></td> <td><b>Infusion Stand</b></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> <tr> <td><b>770036</b></td> <td><b>Backpack</b></td> <td style="text-align: right;"><input type="checkbox"/></td> </tr> </table>	<b>383400</b>	<b>Kangaroo™ Joey Enteral Feed and Flush Pump with pole clamp &amp; power adapter</b>	<input type="checkbox"/>	<b>777503</b>	<b>3-in-1 Feed Only Set</b>	<input type="checkbox"/>	<b>777506</b>	<b>3-in-1 Feed and 1000ml Flush Set</b>	<input type="checkbox"/>	<b>666064</b>	<b>500ml Reservoir Set</b>	<input type="checkbox"/>	<b>666106</b>	<b>1000ml Reservoir Set</b>	<input type="checkbox"/>	<b>1814340236</b>	<b>Infusion Stand</b>	<input type="checkbox"/>	<b>770036</b>	<b>Backpack</b>	<input type="checkbox"/>
<b>383400</b>	<b>Kangaroo™ Joey Enteral Feed and Flush Pump with pole clamp &amp; power adapter</b>	<input type="checkbox"/>																				
<b>777503</b>	<b>3-in-1 Feed Only Set</b>	<input type="checkbox"/>																				
<b>777506</b>	<b>3-in-1 Feed and 1000ml Flush Set</b>	<input type="checkbox"/>																				
<b>666064</b>	<b>500ml Reservoir Set</b>	<input type="checkbox"/>																				
<b>666106</b>	<b>1000ml Reservoir Set</b>	<input type="checkbox"/>																				
<b>1814340236</b>	<b>Infusion Stand</b>	<input type="checkbox"/>																				
<b>770036</b>	<b>Backpack</b>	<input type="checkbox"/>																				
<b>PHN Contact Name:</b> <b>Phone Number:</b> <b>Email:</b>																						
<b>Treating Dietitian:</b> <b>Phone Number:</b> <b>Email:</b>																						
<b>Regimen/Comments:</b>																						
<b>Referring Health Care Professional Details</b>  <b>Print Name:</b>  <b>Signature:</b>  <b>Title:</b>  <b>Date:</b>  I confirm that the Patient/Carer/Guardian has given their informed consent to receive pump training from Healthcare 21. All relevant patient contact details are held by Healthcare 21 for servicing and to be HPR compliant.	<b>Patient/Carer/Guardian consent to have the patient details stored by Healthcare 21</b>  <b>Print Name:</b>  <b>Signature:</b>  <b>Date:</b>  By signing the above, I consent for Healthcare 21 to hold the patient name, address and phone number for product delivery and to be HPR compliant.																					