

Royal Printers Fax/Email Order Form for Child Health BC Provincial PEWS Forms for Emergency Department/Urgent Care

Send order form to:

Contact: Chelsea Gieschen

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Email: orders@royalprinters.com

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SHIP TO:

Name of facility:

Date:

Address:

Attn/Dept:

City:

Postal Code:

Your name (mandatory)

Phone # (mandatory)

Billing contact:

Form #	Form Name	UOM	Quantity Ordered
0- 3 MON	CHBC PROVINCIAL PEWS VS RECORD 0-3 MONTHS	100/PKG	
4-11 MON	CHBC PROVINCIAL PEWS VS RECORD 4-11 MONTHS	100/PKG	
1-3 YRS	CHBC PROVINCIAL PEWS VS RECORD 1-3 YRS	100/PKG	
4-6 YRS	CHBC PROVINCIAL PEWS VS RECORD 4-6 YRS	100/PKG	
7-11 YRS	CHBC PROVINCIAL PEWS VS RECORD 7-11 YRS	100/PKG	
12 + YRS	CHBC PROVINCIAL PEWS VS RECORD 12 = YRS	100/PKG	
PEDS ENAR	PEDIATRIC EMERGENCY NURSING ASSESSMENT RECORD	100/PKG	