

**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

**Phone:** 604-635-1878.

**Email:** [orders@royalprinters.com](mailto:orders@royalprinters.com)

**Fax:** 604-525-3932

**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	
PEDS TREATMENT	PEDIATRIC EMERGENCY NURSING ASSESSMENT-TREATMENT FORM	100/PKG	