

Secondary Prescription for the Provincial Respiratory Outreach Program (PROP)

Fax 604-326-0176

Please fill out this form if your patient is already a PROP client

PROP is a non-profit organization providing health services in the home. **We are delivering services with no user cost and distributing limited resources on a provincial level.** We understand that some of your patients may have other needs and we will try to fulfil their requests. Please complete the form if your patient would benefit from the following:

Patient Name _____ DOB _____

1. Extra suction unit, bipap or ventilator due to high needs

2. Request for Mechanical Insufflator-Exsufflator 3 month loan (Cough Assist Unit)

- Has your patient attempted manual cough assist techniques? Yes/No _____
- Does your patient have any contraindication? Yes/No _____
- Settings as tolerated or specify settings: _____

3. Request to assess for Mouth Piece Ventilation set up

- Does your patient have any contraindication? Yes/No _____
- Settings as tolerated or specify settings: _____

**If your request needs to be expedited (2-4 business days) please call PROP directly at 1-866-326-1245
The typical wait time for a PROP therapist home visit is 5-8 business days.**

*Authorization from Respirologist (Print Name) _____

Signature _____ Date: _____