

# Medical and Health Resource Request

RR MH (9/09)

<b>1. Incident Name:</b>  	<b>2a. DATE:</b>  	<b>2b. TIME:</b>  	<b>2c. Requestor Number:</b> (Assigned by Requesting Entity)
<b>3. Requestor Name, Agency, Position, Phone / Email:</b>  			
<b>4. Describe Mission/Tasks:</b>  			
<b>5 - 7: ORDER SHEET - SEE ATTACHED</b>			
<b>8. MHOAC / DOC Review</b> (NAME, POSITION, AND SIGNATURE - SIGNATURE INDICATES VERIFICATION OF NEED AND APPROVAL)		<b>9. Processing Activities: (DESCRIBE DETAILS)</b>	
<b>NOTE: To be completed by the Level/Entity that fills the request (OA EOC, Region, State, Pre-Allocated).</b>			
<b>10. Additional Order Fulfillment Information:</b>		<b>11. Supplier Name / Phone / Fax / Email:</b>	
<b>12. Resource Tracking:</b>  <input type="checkbox"/> Entered into Resource Tracking System (Plans) <input type="checkbox"/> Demob Expected: <input type="checkbox"/> Demob Completed (if known):		<b>13. Notes:</b>	
<b>14. ORDER FILLED AT (check box)</b> <input type="checkbox"/> OA EOC <input type="checkbox"/> REGION <input type="checkbox"/> STATE <input type="checkbox"/> PRE-ALLOCATED			
<b>15. Reply / Comments from Finance:</b>		<b>16. Finance Section Signature (Name, Position &amp; Signature) &amp; Date/Time:</b>	

This is a MULTI-PART form. Use ball point pen and press firmly. Full instructions are on back page. Requestor fills in top portion of form. Logistics completes fulfillment information and tracking data as appropriate. Finance should track and approve expenditures.

# ORDER SHEET

5. ORDER		17. Logistics Section: Fulfillment						NOTE: To be completed by the Level/Entity that fills the request (OA, EOC, Region, State).				
Line #	Priority (See Below)	Detailed Specific Item Description: brand, specs, diagrams, and other info. (Rx: Drug Name, Dosage Form, UNIT OF USE PACKAGE or Volume, etc.) (STAFF: experience, licensure, etc.)	Kind/Rx Strength	Type/Rx Unit or Conc.	Quantity Requested (See Below)	Expected Duration of Use:	Quantity			ETA (Date & Time)	COST	
							Approved	Filled	Back-Ordered			
6. Suggested Source(s) of Supply; Suitable Substitute(s); Special Delivery Comment(s):												
7. Deliver to/Report to POC (Name, Position, Tele#/Email, Radio, etc.)												

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**PRIORITY: (E)mergent <12 hour (RIMS:FLASH/HIGH), (U)rgent >12 hour (RIMS: MEDIUM) or (S)ustainment (RIMS: LOW)**

**QUANTITY: Based upon a unit of EACH; Pharmaceuticals are based upon a single regimen of the requested unit.**