C	County of Orange - Health Care Resource Request							ICS-213 RR HCA (10/2011)	
	Provider / Facility Name:			Date/Time:		Has your organization / Facility exhausted all other available resources?		)	
	Provider / Facility Delivery Address:					☐ Yes ☐ No			
PLACE ORDER Instructions: Complete all unshaded areas. Document may be submitted via email at emsdoclogis@ochca.com, or via fax							-3355		
	Qty. General Description  Detailed item description (Vital characteristics, brand, specs, experience, etc.  & if applicable describe purpose/use, attach diagrams, & other descriptive info)						ETA	Source	
	200	Sample Item	Medium and Large "Sample	Items" are neede	ed. ABC brand is p	rand is preferable, but will accept other generic brand.			
stor									
Requestor									
Re									
	Reque	sted by Name/Position:		Phone:	OCHCA Log	gistics Approval: Date/Time:			
	Logistics Order No.: Supplier Name/Phone/Fax/Email:								
Notes:									
Logistic									
	Approval Signature of Auth Logistics Rep:  Date/Time:								
	Order placed by (check box):								