

**PENNSIC 36      SUPPLY CHECKLIST      Date: \_\_/\_\_/\_\_**

Supplies are to be entered on this form only if the patient requests a specific supply and no one (Chirurgeon or NWEMS) does any assessment. In all other cases, please use the Patient Care Report.

Please put one “tick” per request.

Bandaid	Ointment	Coldpack	Ice bag
Other : Please specify			