

RESOURCE REQUEST FORM

Facility/Organization Request Number: _____



By submitting this document I **CERTIFY** that the resources requested **are currently not available** and that **our organization has exhausted all appropriate means to procure such resources.** **I understand that my facility organization is responsible for all costs related to filling this request.**

1 REQUESTOR CONTACT & FACILITY/ORGANIZATION INFORMATION				
Today's Date (1a)		Current Time (1b)		Full Name (1c)
Cell # (1d)		Alternate # (1e)		Direct E-Mail Address (1f)
Facility/Organization Name (1g)				
24-Hour E-Mail Address (1h)			24-Hour # (1i)	
Facility Type (1j)				
Clinic	Dialysis	Home Health	Hospital	LTC/SNF
Surgery Center		Other _____		

2 DELIVERY LOCATION & POINT OF CONTACT INFORMATION				
Street Address (2a)			Unit # (2b)	City (2c)
			N/A	
Zip Code (2d)		24-Hour # (2e)		24-Hour E-Mail Address (2f)
Load Dock (2g)		Point of Contact (POC) Full Name (2h)		POC Direct # (2i)
Yes	No			
POC Alternate # (2j)			POC Direct E-mail Address (2k)	
Delivery Location & POC Notes (2l)				

3 ITEMIZED RESOURCE (enter ONE item only, additional spaces on 213RR Supplemental Document)									
Resource Description (3a)	Primary use/purpose of item (3b)	Size (3c)	Qty. (3d)	Unit of Measure (3e)	Allocated Funds (3f)	Itemized # (3g)	Fulfillment Rte. (3h)	Filled? (3i)	
				Box, case, Each, Pallet, Etc.		AOC Completes This	AOC Completes This	Yes	
								No	
								N/A	

4 FINANCIAL RESPONSIBILITY ACKNOWLEDGEMENT SIGNATURE		
Name of Person Authorizing Order (4a)	Signature (4b)	Date Signed (4c)

AOC COMPLETES THIS: AOC STAFF SIGNATURE OF RECEIPT			
Date (4d)	Time (4e)	Name (4f)	Signature (4g)

EMAIL TO: AOCResourceRequestLead@ochca.com
 FAX TO: (714) 437-5767 when AOC is activated

AOC COMPLETES THIS: Resource Request Number: _____

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ADDITIONAL RESOURCE REQUESTS (CONTINUED FROM PAGE 1) THIS IS A SUPPLEMENTAL PAGE ONLY

S1 REQUESTING FACILITY/ORGANIZATION INFORMATION

Today's Date (S1a)	Current Time (S1b)	Facility/Organization Name (S1c)

S3 ITEMIZED RESOURCES (enter ONE item per line, duplicate this form if number of needed resources exceed the provided spaces)

Resource Description (S3a)	Primary use/purpose of item (S3b)	Size (S3c)	Qty. (S3d)	Unit of Measure (S3e)	Allocated Funds (S3f)	Itemized # (S3g)	Fulfillment Rte. (S3h)	Filled? (S3i)
				Box, case, Each, Pallet, Etc.		AOC Completes This	AOC Completes This	Yes No N/A
				Box, case, Each, Pallet, Etc.		AOC Completes This	AOC Completes This	Yes No N/A
				Box, case, Each, Pallet, Etc.		AOC Completes This	AOC Completes This	Yes No N/A