

Thick & Easy CLEAR Thickener SAMPLE KIT Program Registration / Site Information (MUST BE COMPLETED)

Location Name:

Location Contact person (name):

Contact person email:

Contact person phone number:

Delivery address & details

Address

Postal Code

Attention:

Must be completed

Avg. number of patients discharged **MONTHLY** requiring CLEAR thickener samples: _____

Out of 100%, what % is needed

(Example: 80% samples Nectar / 20% Honey)

Nectar % _____

Honey % _____

Outpatient services (samples) monthly:

Nectar % _____

Honey % _____

Name of Contract Organization affiliated with:

Location contact *Signature* here please: _____

Need more information/questions/samples contact: support@intogreat.ca

Upon completion of this form, your site will be approved to receive IGH Sample kits.

www.Intogreat.ca/shop

Thank you!