

Client Information

Client Name: _____

Address: _____

Postal: _____ Phone: _____

PHN, WCB,
NIHB/Bigstone: _____ Date Of Birth: _____

Request Date: _____ Expiry Date: _____

Cost Share/Contact ☐ Yes ☐ No

Contact Name: _____

Address: _____

Postal Code: _____ Phone: _____

Email: _____

Equipment ☐ Recycle ☐ Repair

Equipment: _____ Serial Number: _____

Work Requested

Armrest

- ☐ Inspect
- ☐ Adjust Socket
- ☐ Replace Pads

Footrest/Legrest

- ☐ Inspect
- ☐ Adjust
- ☐ Lubricate

Upholstery

- ☐ Inspect
- ☐ Replace

Comments:

Wheels (Rear)

- ☐ Adjust Bearing
- ☐ Replace Bearing
- ☐ Adjust Spokes
- ☐ Tighten Hand Rims
- ☐ True Wheel
- ☐ Replace Tires

Brakes

- ☐ Inspect
- ☐ Adjust
- ☐ Replace

Frame

- ☐ Inspect
- ☐ Align Caster Socket
- ☐ Lubricant
- ☐ Straighten Cross Frame

Caster

- ☐ Inspect
- ☐ Adjust Stem Bearing
- ☐ Replace Bearings
- ☐ Replace Tires