

## 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

### Wheels (Rear)

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

### Brakes

- Inspect
- Adjust
- Replace

### Frame

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

### Caster

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

Comments: \_\_\_\_\_