



Parts Change Request

Please submit to
manualservice@ecomedical.ca

11749 180 ST NW,
Edmonton, AB T5S 2H6
Phone: (780) 483-6232
Toll Free: (800) 232-9450
Fax: (780) 484-8238

Client Information

Client Name: _____
Address: _____
Client Phone: _____ Client Email: _____
Date Of Birth: _____ Client Weight: _____
PHN, WCB, NIHB/Bigstone: _____

Contact Information (If Different)

Contact Name: _____
Contact Phone: _____ Contact Email: _____

Authorizer Information

Name: _____
Authorizer Number: _____ Phone: _____
Email: _____

Current Configuration Information

Make & Model: _____ Serial Number: _____
Seat Width: _____ Seat Depth: _____
Caster Size: _____ Wheel Size: _____

Justification and Explanation of Parts Change

Please include the client's current weight and how long the client has been stable (If Applicable). Please indicate right or left side where applicable.

Explanation: _____

