

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

Electronics

- ☐ Battery Charger
- ☐ Batteries
- ☐ Joystick
- ☐ Cable Issues
- ☐ Motor Problems

Upholstery

- ☐ Inspect
- ☐ Replace

Wheels & Tires

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

Other

- ☐ Joystick Mount
- ☐ Back Canes

Comments: