



Parts Change Request

Please submit to
powerservice@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: _____

Joystick on **L** or **R**: _____ Footrest Style: _____

Powered Seating: _____ Specialty Controls: _____

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: _____
