

Rehab Hire Pty Ltd

310 Lorimer Street, Port Melbourne VIC 3207

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Hire Request Form

☐ HIRE REQUEST ☐ TRIAL REQUEST ☐ QUOTE REQUIRED)	DATE					
PATIE	ENT DETAILS										
CUSTOMER NAME						PURCHASE ORDER #					
ADDRESS						COST CENTRE					
SUBU	RB	STATE	STATE POSTCODE				HIRE START DATE				
TELEF	PHONE						HIRE END DATE				
EMAIL	-						DELIVERY				
DOB		HEIGH ⁻	HEIGHT WEIGHT				☐ CUSTOMER ADDRESS ☐ FACILITY				
HEAL	TH PROFESSIONAL D	ETAILS									
NAME					ORGA	ANISATIO	ON				
TELEF	PHONE				EMAII	L					
IF RE	QUESTIING A POWER WI	HEELCHAIR	, PLE	ASE TICK LEFT	OR RIGHT	HAND C	CONTROL	LEFT	R	IGHT	
QTY	ITEM CODE / PRODUCT	Г NAME	TICK	ITEM NAME							
				WHEELCHAIR							
				SEAT WIDTH	16"	18	3" 20"	SEAT DEPTH	16"	18"	
				CUSHION							
				BACKREST	WIDTH		LENGTH		3"	6"	
				HEADREST							
				OTHER ITEMS							
DAVI	IENT OPTIONS										
		—									
							OLICY NUMBER				
	DIS PLANNER CONTACT NAME TELEPHONE RIVATE PLEASE CALL THE REHAB HIRE OFFICE TO ARRANGE PAYMENT 03 9646 7200										
<u> </u>	RIVATE PLEASE CALL 1	THE REHAB	HIKE	OFFICE TO ARK	ANGE PAYN	IENT 03	9646 7200				
MEAS	SUREMENTS										
СМ			VI	ADDI	ITIONAL N	OTES					
HIP WIDTH											
BUTT	OCK-THIGH DEPTH										
LOWE	ER LEG LENGTH										
SHOU	JLDER HEIGHT										
SEAT	TO ELBOW										
PLE	ASE ADD ALL MEASUREMEN	ITS IN CENTIN	1ETRES	S							