

Hire Request Form

HIRE REQUEST TRIAL REQUEST QUOTE REQUIRED DATE _____

PATIENT DETAILS

CUSTOMER NAME _____			PURCHASE ORDER # _____		
ADDRESS _____			COST CENTRE _____		
SUBURB _____	STATE _____	POSTCODE _____	HIRE START DATE _____		
TELEPHONE _____			HIRE END DATE _____		
EMAIL _____			DELIVERY _____		
DOB _____	HEIGHT _____	WEIGHT _____	<input type="checkbox"/> CUSTOMER ADDRESS <input type="checkbox"/> FACILITY		

HEALTH PROFESSIONAL DETAILS

NAME _____		ORGANISATION _____	
TELEPHONE _____		EMAIL _____	
IF REQUESTING A POWER WHEELCHAIR, PLEASE TICK LEFT OR RIGHT HAND CONTROL <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT			

QTY	ITEM CODE / PRODUCT NAME	TICK	ITEM NAME						
		<input type="checkbox"/>	WHEELCHAIR						
			SEAT WIDTH	<input type="checkbox"/> 16"	<input type="checkbox"/> 18"	<input type="checkbox"/> 20"	SEAT DEPTH	<input type="checkbox"/> 16"	<input type="checkbox"/> 18"
		<input type="checkbox"/>	CUSHION						
		<input type="checkbox"/>	BACKREST	WIDTH		LENGTH		<input type="checkbox"/> 3"	<input type="checkbox"/> 6"
		<input type="checkbox"/>	HEADREST						
		<input type="checkbox"/>	OTHER ITEMS						
		<input type="checkbox"/>							
		<input type="checkbox"/>							
		<input type="checkbox"/>							
		<input type="checkbox"/>							

PAYMENT OPTIONS

<input type="checkbox"/> DVA	<input type="checkbox"/> TAC	<input type="checkbox"/> SWEP	POLICY NUMBER _____	
<input type="checkbox"/> NDIS	PLANNER CONTACT NAME _____		TELEPHONE _____	
<input type="checkbox"/> PRIVATE	PLEASE CALL THE REHAB HIRE OFFICE TO ARRANGE PAYMENT 03 9646 7200			

MEASUREMENTS

	CM
HIP WIDTH	
BUTTOCK-THIGH DEPTH	
LOWER LEG LENGTH	
SHOULDER HEIGHT	
SEAT TO ELBOW	

PLEASE ADD ALL MEASUREMENTS IN CENTIMETRES

ADDITIONAL NOTES