

## TRIAL EQUIPMENT REQUEST

**Note: Illegible or incomplete forms will be returned to the prescriber**  
**\*\*SMD WILL NOT DELIVER TRIAL EQUIPMENT TO CLIENT'S HOMES\*\***

CLIENT DEMOGRAPHICS			
FIRST NAME		LAST NAME	
DATE OF BIRTH (MM/DD/YYYY)	GENDER male                      female	PHIN	
HOME ADDRESS	CITY	POSTAL CODE	
HOME PHONE	CELL PHONE	EMAIL	
PRESCRIBER			
POSITION <input type="checkbox"/> OCCUPATIONAL THERAPIST <input type="checkbox"/> PHYSIOTHERAPIST <input type="checkbox"/> OTHER: _____			
FIRST NAME		LAST NAME	
ADDRESS	CITY	POSTAL CODE	
EMAIL	PHONE	FAX	
DELIVERY/ PICK UP INSTRUCTIONS – TRIAL PERIOD SHALL NOT EXCEED THREE BUSINESS DAYS *			
Desired date for Trial: _____		Return Date: _____	
<b>Delivery Instructions (if applicable):</b> _____			
<input type="checkbox"/> Trial will be completed at SMD Wheelchair Services – 1857 Notre Dame Avenue			
* Trial wheelchairs sent to rural locations must be returned to SMD within 5 business days*			
WHEELCHAIR PARAMETERS – SMD WILL PROVIDE A CHAIR AS CLOSE TO SPECIFICATONS AS POSSIBLE			
WHEELCHAIR MODEL NAME:			
SEAT WIDTH			
SEAT DEPTH			
SEAT HEIGHT			
Accessories/ Other wheelchair specifications desired for trial (i.e. wheel size, foot rest hanger angle, footplate style)			

## **Trial Equipment Usage Guidelines**

To enhance our services for clients, the prescribing therapist with whom you are working has requested an equipment trial from the Manitoba Wheelchair Program to assist in finalizing a wheelchair prescription.

The trial wheelchair will be made available for assessment purposes for no more than **3 business days**.

The wheelchair has been set up according to the specifications of your prescribing therapist, taking into consideration the dimensions of the wheelchair that will be ordered for you.

### **In signing this agreement, you are agreeing to the following terms:**

- 1) No permanent changes will be made to the wheelchair you are receiving. Any irreversible changes made to the wheelchair will be billed to you, including the cost of all labor and parts required to return the wheelchair to its original state.
- 2) The trial wheelchair will be kept indoors in a locked, heated and well-ventilated space for the duration of the trial. *(Please note: detached garages and/or sheds are not suitable storage spaces)*
- 3) The wheelchair will be returned in a clean state with all attachments and accessories (e.g. leg rests) as originally supplied for trial.
- 4) Should the trial equipment become lost, stolen or permanently damaged during the trial, I will be responsible to pay for replacement and/or repair of the damaged wheelchair or part(s).

**I have read and understand the terms of the above Trial Equipment Usage Guidelines. I am legally bound by the terms and accept the trial equipment on these terms.**

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If client cannot write, a **LEGAL REPRESENTATIVE** may sign on behalf of the client below:

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Relationship to Client:** \_\_\_\_\_

**The prescriber has reviewed the SMD Trial Equipment Usage Guidelines with the Applicant and/or Representative**

**Prescriber Name:** \_\_\_\_\_ **Prescriber Signature:** \_\_\_\_\_