



SOCIETY FOR MANITOBANS WITH DISABILITIES – WHEELCHAIR SERVICES

1857 Notre Dame Avenue, Winnipeg, Manitoba R3E 3E7
 Phone (204) 975-3250 Fax (204) 975-3240 Toll Free 1-800-836-5551

(SMD-012) PARTS CHANGE REQUEST FORM

Incomplete or illegible forms will be returned.

CLIENT INFORMATION		
First Name (Please print)		Last Name
Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> male <input type="checkbox"/> female	PHIN #
Home Address		City Postal Code
Residence is a PCH or institution <input type="checkbox"/> yes <input type="checkbox"/> no		Home Phone Cell Phone
BILLING INFORMATION		
Applicant is eligible to receive funding for prescribed wheelchair from any of these funding sources		
<input type="checkbox"/> Medical Services funding	provide NIHB # _____	
<input type="checkbox"/> Veterans Affairs funding	provide DVA # _____	
<input type="checkbox"/> Employment and Income Assistance	provide EIA # _____	
EIA Case Coordinator _____		Office location _____
Telephone _____		Fax _____
PRESCRIBER		
First Name (Please print)		Last Name Position
Address		City Postal Code
e-mail	Phone	Fax
DESCRIPTION OF REQUEST		
<input type="checkbox"/> For power wheelchair <input type="checkbox"/> For manual wheelchair		
Part change needed	State what is wrong with current part AND provide justification for the new request	FOR SMD ONLY
DELIVERY INSTRUCTIONS		