



AADL Parts Change Request Manual Wheelchair

Please fill out the form provided below and send it back to debbie@medmobility.ca. Alternatively, you can submit it via fax, addressing it to Debbie at 780-430-9381.

Client Information:

First Name:

Last Name:

PHN:

Date Of Birth:

Phone:

Authorizer Information:

First & Last Name:

Phone:

Authorizer Number:

Current Power Wheelchair Configuration:

Make & Model:

Serial Number:

Seat Size (Width x Depth):

Wheel Size:

Caster Size:

Other (Optional):

Change Request and Clinical Justification (include status change, and RT or LT if applicable).

Authorizer Signature:

Date: