



## AADL Parts Change Request Power Wheelchair

Please fill out the form provided below and send it back to [Dianne@medmobility.ca](mailto:Dianne@medmobility.ca) Alternatively, you can submit it via fax, addressing it to Dianne 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):

Drive Type: FWD MWD RWD Other

Drive Control: Right Left Other

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

Authorizer Signature:

Date: