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Manual Wheelchair - AADL Parts Change Request

Please fill out all information and return request to Claudine, via email at claudine@medmobility.ca or via fax Attn: Claudine at 780-430-9381.

Client Information

Full Name: _____ Phone Number: _____

PHN (Health Number): _____ Address: _____

Authorizer Information

Full Name: _____ Phone Number: _____

Authorizer Number: _____

Current Manual 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: _____