



Showroom: 664 South Road, Glandore SA 5037 | Email: info@HomecareEquipment.com.au

EQUIPMENT ORDER FORM - FAX TO (08) 8351 0593

| | | | |
|---|------------|-----------------------------|------------------------|
| Client Name. Mr Mrs Ms Miss Other | Height. | Weight. | Date of Order. |
| Street Address. | | | Client Phone (Mobile). |
| Suburb. | Post Code. | Client Phone (Alternative). | |

FOR INSURANCE CLAIMS - IF APPLICABLE:

| | | | | |
|--------------------|--------------------|---------------------|---------------------|-----------------------|
| Insurance Company. | Case Manager Name. | Insurance Claim No. | Case Manager Phone. | Insurance Co. Fax No. |
|--------------------|--------------------|---------------------|---------------------|-----------------------|

| | |
|--|--|
| Client Email Address. | Requested Delivery DAY... and Delivery DATE. / |
| Instructions.  | Requested Delivery TIME. |
| | Delivery Location (L1). |
| | Delivery Location (L2). |

| | | | |
|----------------------------|---------------------------|-----------------|-----------------------------|
| Clinician / Referrer Name. | Hospital / Facility Name. | Client Room No. | Clinician / Referrer Phone. |
|----------------------------|---------------------------|-----------------|-----------------------------|

| Equipment Items. | Set Height To: (cm) | Hire (H) or Purchase (P) | Deliver To: (L1) or (L2) | Item No. [Office use] |
|------------------|---------------------|--------------------------|--------------------------|-----------------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |

Please Note: For Next day deliveries, please order **BEFORE 3.00PM** on previous day.
Orders for Saturdays will be delivered Friday afternoon where possible.

CALL (08) 8338 7988 FOR ASSISTANCE MON-FRI 9AM-5PM AND SAT 8.30AM-12.30PM
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