Medical Aids Subsidy Scheme Equipment Services PO Box 980 Hyde Park Q 4182

D.							
Is this equipment r services?	Yes No						
Does the applicant identified pressure	Yes O No O						
Has the applicant I	Yes O No O						
Have you confirme MASS stock for dis	Yes O No O						
Applicants Name		Date of Birth					
Address			Phone No				
Applicant's height	cm	Applicant's weight:	kg				
Applicant's permanent stabilised disability:							
Item(s) Requested:							
Replacement and Modifications		Equipment Requests					
Replace equipment with same brand/size/model Modifications or accessories to existing equipment Plaque No. (or product details) for equipment being replaced/modified		Back up sling/sling only application					
		Back up manual wheelchair for applicant with powerdrive wheelchair					
		Plaque No. (or product details)					
		Seat width and seat depth: Additional items (e.g. seat belt) if available:					
			at voit, ii avail				

	t space for "Reason for Requ		page 3			
Please find attached a quotation for the above from (insert supplier name)Quotations are not required for items supplied from MASS stock, including backup manual wheelchairs for clients with powerdrive wheelchairs, slings or other items supplied from MASS stock.						
Prescriber Name						
Profession		Registration Current?	Yes 🗖	No 👩		
Organisation Name						
Organisation Address						
Telephone		Mobile				
Fax		Contact Hours				
E-mail		<u> </u>				
Signature		Date				

Reason for Request:

Reason for Request (continued)