

Deliver to  
Ward:..... Room No:.....

Patient Info Sticker

**Customer Details**

Name: ..... Phone No: .....  
Address: ..... Mobile No: .....  
State: ..... Postcode: ..... Email: .....

Equipment hire for: ..... week/s from today ...../...../.....

| Qty: Equipment hired:  | Cost per week: | Cost per month: | INCLUDES 1ST WEEK FREE | Purchase price:         | Provided from cabinet:   |
|--|----------------|-----------------|------------------------|-------------------------|--------------------------|
| <input type="checkbox"/> Toilet Seat Raiser / Toilet Surround  | \$11           | \$33            |                        |                         | \$105 / \$85 (Surround)  |
| <input type="checkbox"/> Walking Frame - Ski's / Static        | \$11           | \$33            |                        | \$105 / \$80 (Static)   | <input type="checkbox"/> |
| <input type="checkbox"/> Walking Stick - Swan Neck / T Handle  | \$9            | \$27            |                        | \$25                    | <input type="checkbox"/> |
| <input type="checkbox"/> Pick Up Stick - 26" / 32"             | -              | -               |                        | \$25 / \$35             | <input type="checkbox"/> |
| <input type="checkbox"/> Shower Chair / Shower Stool           | \$11           | \$33            |                        | \$105                   | <input type="checkbox"/> |
| <input type="checkbox"/> Crutches - S / M / L / elbow          | \$11           | \$33            |                        | \$48 / \$60 (Elbow)     | <input type="checkbox"/> |
| <input type="checkbox"/> 4 Wheel Walker                        | \$15           | \$45            |                        | \$160                   | <input type="checkbox"/> |
| <input type="checkbox"/> Wheelchair - Self Propelled / Transit | \$37           | \$111           |                        | \$480 / \$450 (Transit) | <input type="checkbox"/> |
| <input type="checkbox"/> High Back Chair                       | \$18           | \$54            |                        | \$450                   | <input type="checkbox"/> |
| <input type="checkbox"/> Utility Chair - Economy               | \$13           | \$39            |                        | \$195                   | <input type="checkbox"/> |
| <input type="checkbox"/> Bedside Commode - Economy             | \$14           | \$42            |                        | \$195                   | <input type="checkbox"/> |
| <input type="checkbox"/> Knee Walker                           | \$35           | \$105           |                        | \$395                   | <input type="checkbox"/> |
| <input type="checkbox"/> .....                                 |                |                 |                        |                         | <input type="checkbox"/> |
| <input type="checkbox"/> .....                                 |                |                 |                        |                         | <input type="checkbox"/> |
| <input type="checkbox"/> .....                                 |                |                 |                        |                         | <input type="checkbox"/> |

**Cost:**  
Total Hire Period: \_\_\_\_\_ Cost: \$ \_\_\_\_\_  
Delivery: \$ \_\_\_\_\_  N/A  
**Total cost:** \$ \_\_\_\_\_ (GST)

**Payment:**  
 CREDIT CARD -  VISA  MASTER CARD  
/ CASH / DIRECT CREDIT / CHEQUE (attach)  
 3rd Party / Work Cover -  
Claim No. \_\_\_\_\_  
INVOICE TO: (Case Manager) \_\_\_\_\_  
 Invoice

**Equipment collection:** \* Please **do not** return equipment to the hospital  
 Please pick up from my home (Collection fee: \$15.00)  
 I will drop off to: Max office - 16 Hargraves Street, The Entrance North 2261 (there is a drop off area to leave equipment if the office is unattended) or to our offsite drop off located within Colour Copy - 2/10 Stockyard Place, West Gosford 2250 (between 8am & 4pm weekdays).

By signing this form, I agree to the terms and conditions of hire which can be viewed via our website.  
Hirers Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Thank you for choosing Max Healthcare Equipment.