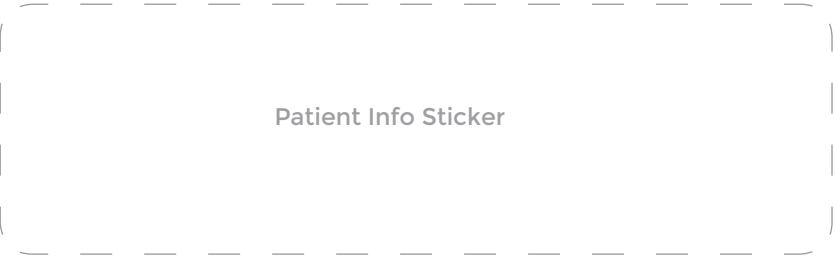


Deliver to  
Ward:..... Room No:.....



**Customer Details**

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

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

Qty:	Equipment hired:	Cost per week:	Purchase price:
<input type="checkbox"/>	Toilet Seat Raiser / Toilet Surround	\$9 .....	\$105 / \$85 (Surround)
<input type="checkbox"/>	Standard Rollator / Static Walking Frame	\$8 .....	\$100 / \$75 (Static)
<input type="checkbox"/>	Walking Stick - Swan Neck/T Handle	- .....	\$20
<input type="checkbox"/>	Pick Up Stick - 26" / 32"	- .....	\$20 / \$30
<input type="checkbox"/>	Shower Chair / Shower Stool	\$9 .....	\$105/ \$95 (Stool)
<input type="checkbox"/>	Gutter Frame	\$18 .....	\$370
<input type="checkbox"/>	Crutches (small / medium / large / elbow)	\$8 .....	\$48 / \$60 (Elbow)
<input type="checkbox"/>	4 Wheel Walker	\$12 .....	\$140
<input type="checkbox"/>	Wheelchair (Self Propelled / Transporter)	\$35.....	\$400
<input type="checkbox"/>	Bedstick / Rail	\$8 .....	\$58 / \$40
<input type="checkbox"/>	High Back Chair	\$15 .....	\$450
<input type="checkbox"/>	Utility Chair - Economy	\$11 .....	\$195
<input type="checkbox"/>	Bedside Commode - Economy	\$12.....	\$195
<input type="checkbox"/>	Knee Walker	\$35.....	\$495
<input type="checkbox"/>	.....	.....	.....

Cost of Delivery: \$.....(GST) Cost of Pick Up: \$.....(GST)

Total hire period: ..... Total cost: \$.....(GST)  Invoice

**Payment:**

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

**Equipment collection:** \* Please **do not** return equipment to the hospital

Please pick up from my home (Collection fee: \$10.00 metro. \$15.00 outer metro - 25km+ from CBD)  
 I will drop off (by arrangement to: our Richmond office - 2 Bartholomew St Richmond, or to our offsite facility Home Support Services - 82 Wattle St, Fullarton) **(Phone 1800 684 277 to arrange suitable time)**

By signing this form, I agree to the terms and conditions of hire as stated on the back of this form

Hirers Signature ..... Date ...../...../.....

Thank you for choosing Max Healthcare Equipment. We will be in contact with you to arrange payment.