Fax to Eco Calgary 1-866-456-0759

Fax to Eco Edmonton 1-888-248-3974

Generic Specification Form
Power Wheelchair

Use this form when requesting a power wheelchair search with the recycle vendor

Client Information

Client Name	Date of Birth	Client PHN	Date

Delivery Address (include postal code, ensure matches ABC address)

☐ cost share
☐ cost share exempt

client contact/ phone number

Authorizer Information

Authorizer Name and Authorizer number	Email	best phone number
Assessor name (if applicable)	Email	best phone number

Benefit Type (check all that apply)

☐ power wheelchair ☐ power tilt ☐ retrofit tilt

preferred make and model (fill in)

Catalog #	Make	Model

Drive

☐ rear wheel drive ☐ mid wheel drive ☐ front wheel drive

rationale_____

Required features (fill in)

width (inches)	depth (inches)	back height (inches)	seat to floor height (In)

Wheel size (inches)	castor size eg. (5x1)	footrest degree

joystick	arm rests (pick two)	foot plates (pick one)	foot rests (pick one)
☐ swingaway	☐ full length	☐ standard	☐ standard (std)
☐ standard	☐ desk length	☐ angle adjustable	☐ elevating legrest
☐ L or ☐ R	☐ single post		☐ fixed center mount
	☐ dual post		☐ articulating centre mount

Client measurements

client weight

Options

☐ upgrades (client pays) _____

other / comments

Classification: Protected A