Manitoba Wheelchair Program
1857 Notre Dame Avenue, Winnipeg, Manitoba R3E 3E7
Phone (204) 975-3250 Fax (204) 975-3240 Toll Free 1-800-836-5551

PARTS CHANGE/ REPAIR REQUEST

Note: Illegible or incomplete forms will be returned to the prescriber

****ALL REPAIRS COMPLETED AT 1857 NOTRE DAME AVE ARE DONE BY APPOINTMENT ONLY****

CLIENT DEMOGRAPHICS (PLEASE PRINT)

FIRST NAME	**LAST NAME**	
DATE OF BIRTH (MM/DD/YYYY)	**HOME PHONE** **CELL PHONE**	**PHIN**
HOME ADDRESS	**CITY**	**POSTAL CODE**

PRESCRIBER INFORMATION

FIRST NAME	**LAST NAME**	**Professional Designation** (i.e., OT/PT) **REGISTRATION #**
ADDRESS/FACILITY	**CITY**	**POSTAL CODE**
EMAIL	**PHONE**	**FAX**

THIRD PARTY FUNDING INFORMATION (COMPLETE AREAS THAT APPLY)

☐ **EMPLOYMENT & INCOME ASSISTANCE**
Case Number: _____
(Not applicable for clients who live in the community)

☐ **NON-INSURED HEALTH BENEFITS**
10-digit number: _____

☐ The prescriber has verified the applicant is not eligible WCB, MPIC, Victim's Services funding and/or is not a ward of Child & Family Services

DESCRIPTION OF REQUEST

Repair Location: Please provide address/details if repair is to be done outside of client's home:

☐ **In client's home:**

☐ **1857 Notre Dame Ave** (By Appointment Only)

☐ **Workplace/School/ Day Program:**

☐ **In hospital:**

Current Wheelchair Name:

Model & SN#:

Date Obtained:

Describe the issue client is experiencing with their chair:

Requested parts to be changed/ Repairs required & Provide Justification if it is an upgraded option: