

# Power Knee™ and Rheo Knee® XC

## Rehabilitation Rental Request Form



### Facility Information

Facility Name: \_\_\_\_\_

Purchase Order #: \_\_\_\_\_

Prosthetist Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Contact Email: \_\_\_\_\_

### Patient Information

Patient ID: \_\_\_\_\_

Requested Rental Commencement Date: \_\_\_\_\_

### Rental Product and Length

Please select the product and length of rental required

Power Knee™	Rheo Knee® XC	Rental Length	
			3 Month Rehabilitation Rental
			6 Month Rehabilitation Rental
			3 Month Extension

By signing this document, I agree to the Össur Australia Terms and Conditions for rental components (available upon request) and to the associated rental charges provided by quote.

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date