

Rehabilitation Rental Request Form

Power Knee™, Rheo Knee® XC and Navii®



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	Navii®	Rental Length	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3 Month Rehabilitation Rental
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6 Month Rehabilitation Rental
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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