



## Durable Medical Equipment Request

Date: \_\_\_\_\_

Name of child: \_\_\_\_\_ Age: \_\_\_\_\_

Adult responsible: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of equipment requesting: \_\_\_\_\_

Estimated time equipment is needed: \_\_\_\_\_

Measurements, weight, and height of child if necessary: \_\_\_\_\_

I understand that I am borrowing equipment from the Share the Well Lending Closet and will return the equipment in the best possible condition when it is no longer in use. I also understand and acknowledge that Share the Well is not liable for any injury or accidents that may result from the use of borrowed equipment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of therapist or doctor:

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Company/office)

\_\_\_\_\_

(Printed Name)

\_\_\_\_\_

(Phone Number)

If you have any question, please contact Beth Ann Maloney at [beth@sharethewell.org](mailto:beth@sharethewell.org) or 480-213-0544.

[www.sharethewell.org/lc](http://www.sharethewell.org/lc)