

MEDICAL HEALTH SUPPLY, INC. CUSTOMER EVALUATION FORM STANDARD WALKER &
WHEELCHAIR & TRANSPORT CHAIR

Date: _____

CUSTOMER NAME: _____

CUSTOMER ADDRESS: _____

PHONE NUMBER: _____

EMAIL: _____

Does the customer need or would he/she benefit from any of the following?
Please check the appropriate column.

SPECIAL
INSTRUCTIONS:

		YES	NO	Comments
01	Standard Walker			
W1245	Universal Walker Wheels			
W604	Universal Walker Skis			
W602	Plastic Glide Caps			
	Front Attachments: 5" Wheels (Outside Primary use)			
	Front Attachments: 3" Wheels (Indoors: Primary use)			
	Front Attachment 3" Swivel			
	Convenience			
W1216	Pocket Fabric Walker Pouch			
W1614	Walker Basket			
02	Wheelchair Transport Chair Convenience			
H1301	Over-Handle Wheelchair Bag			
H1302	Under Wheel chair Bag			
H1201	Cup/Can Holder			
L3007	Leg Lifter			
03	Daily Living Aids			
P2300/P2301	Transfer Board			
R103E	Oxygen D/E Cylinder Holder			
C1313	Reusable Underpad			
D4001	Gel Cushion			
04	Comfort/Decubitis Prevention			
N1103	Foam Cushion			
N1002	Coccyx Cushion			
D4001/2	Gel Cushion			

This form can be used to enter requests online. It may be faxed to (585)267-7928; or it may be mailed with payment to Medical Health Supply, Inc. 356 Woolston Road Pittsford, New York 14534. For additional support and questions, click on this link at www.medicalhealthsupply.com. We will be with you shortly.