

Equipment Referral Form

REFERRING ORGANISATION DETAILS

ORGANISATION: _____ PURCHASE ORDER NUMBER (if required): _____

CONTACT: _____

POSITION: OT ☐ Physio ☐ GP ☐ Private ☐ Other: _____

PHONE: _____ FAX: _____

ADDRESS: _____

CLIENT DETAILS

CLIENT NAME: _____ CONTACT PHONE: _____

CLIENT ADDRESS: _____

DELIVERY / COLLECTION DETAILS

DELIVER ☐ COLLECT FROM BALLARAT STORE ☐ COLLECT FROM WARRNAMBOOL STORE ☐

DATE REQUIRED: ____/____/____ PREFERRED TIME: _____

ADDRESS (if delivery required): _____

Note: Delivery of equipment may incur a fee.

PURCHASE / HIRE DETAILS

	ITEM	NBR OF WEEKS (if hire)
HIRE <input type="checkbox"/> PURCHASE <input type="checkbox"/>	_____	_____
HIRE <input type="checkbox"/> PURCHASE <input type="checkbox"/>	_____	_____
HIRE <input type="checkbox"/> PURCHASE <input type="checkbox"/>	_____	_____
HIRE <input type="checkbox"/> PURCHASE <input type="checkbox"/>	_____	_____

Fax This Form to Omni Healthcare Ballarat Fax - 5333 3825 or Warrnambool Fax – 5562 8944