



CMEDS EQUIPMENT RETURN FORM

To be completed by either the client's therapist or caregiver

CLIENT INFORMATION	REQUESTING THERAPIST/CAREGIVER
Name:	Name:
Address:	Email:
Phone Number:	Phone Number:

Was the equipment funded by the "At Home Program"? Yes No

If it is not AHP equipment, indicate below the type of equipment is being returned and its condition:

Describe the equipment that needs to be returned/picked up:

Does the equipment have a CMEDS barcode? Yes No

Barcode Number: _____

Is the equipment damaged? Yes No

**Note: Heavily damaged equipment will not be returned and can be disposed of by the client*

Clients in the Lower Mainland and Vancouver Island can submit this form by emailing CMEDSreturns@hmebc.com. For clients outside of these regions, please fax your form to the nearest sub-dealer that can be found on our website www.hmebc.com/corporate-programs/cmeps/cmeps-sub-dealers/.