



MOBILITY & ACCESSIBILITY

CMEDS Equipment Return Form

(This form may be completed by Therapist or Parent)

Date: _____

Client Name: _____

Client Address: _____

Client Phone Number: _____

Therapist: _____

Therapist Phone Number: _____

Was equipment funded by At Home Program? Yes No

If non-AHP equipment, indicate type of equipment and condition:

Equipment to be picked up:

Does the equipment have CMEDS barcode?

If so, barcode number(s): _____

Is the equipment damaged Yes No

(Note: heavily damaged equipment will not be returned and can be disposed by client)

Email the form to cmedsreturns@hmebc.com for equipment in Lower Mainland and Vancouver Island. For equipment outside these areas, please fax it to your nearest sub dealer as listed on the website (www.hmebc.com/cmeps-program/)