



RehaCare Pty Ltd
 PO Box 71, Cherrybrook NSW 2126
 Tel 1300 653 522
 Fax 1300 736 194
 Email: sales @rehacare.com.au

Melmak Rental Form

Date: _____
 Patient Name: _____
 Address: _____

 Phone: _____
 Email: _____

PAYEE DETAILS

Insurer: _____
 Claim #: _____
 Case Manager: _____

 Phone: _____
 Email: _____

Rental Approved: Yes (specify start date) ____ / ____ / ____
 No

Authorising Person: _____
 Position: _____
 Signature: _____

INSURANCE CODE	DESCRIPTION	SERIAL NO.	MONTHLY RENTAL (INC. GST)	TOTAL
	Melmak LIPUS Device		\$495.00	
		Rental Deposit (refundable)	\$500.00	
		Freight (Return included)	\$50.00	
			TOTAL	

Rehacare Rental Program *(Please read the following conditions)*

- The rental fee will be charged on the first day of rental.
- If the equipment is no longer required please notify Customer Service on 1300 653 522 and arrange return of the equipment back to us in its original packaging.
- **If any equipment is damaged, lost or stolen, you are responsible for repair or replacement. Replacement cost will be charged at equipment replacement price.**
- This is not a rent to buy contract.
- If there is a problem with the equipment, please contact Customer Service on 1300 653 522.

I have read and understood the above and agree to the conditions outlined.

Name: _____ Signature: _____ Date: _____

Prescribed By:

Name: _____ Signature: _____ Date: _____

TAX INVOICE WILL BE SENT BY EMAIL