



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

## VPULSE Rental Form

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### PAYEE DETAILS

Insurer: \_\_\_\_\_

Claim #: \_\_\_\_\_

Case Manager: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**For VPULSE rentals please choose 1 Pad**

- C00017 Thermal Standard Knee Pad
- C00003 Thermal Large Knee Pad
- C00004 Thermal Shoulder Pad
- C00005 Thermal Foot/Ankle Pad
- C00013 Thermal Hip Pad
- C00018 Thermal Universal Pad
- C00020 Thermal Back Pad

Rental Approved:  Yes (specify start date) \_\_\_ / \_\_\_ / \_\_\_

No

Authorising Person: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_

INSURANCE CODE	DESCRIPTION	SERIAL NO.	MONTHLY RENTAL (INC. GST)	TOTAL
OAC-001	VPULSE Unit and Wrap		\$825.00	
	Rental Deposit (refundable)		\$500.00	
	Freight (Return included)		\$50.00	
			<b>TOTAL</b>	

**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**