



Phone: 206-362-0248
 Fax: 206-274-4921

13000 Linden Ave. N., #102
 Seattle, WA 98133

Customer Rental Agreement

Patient Name _____ Rental Start Date _____
Please print

Billing Address _____ Delivery Address / ALU Office _____

_____ city _____ state _____ zip _____ city _____ state _____ zip

Phone (____) _____ (____) _____ (____) _____
Home Work Cell

Email _____

Briefly describe the injury, surgery, or illness? _____

Patient's Doctor _____ City and State _____

Right or Left leg? _____ Height _____ Weight _____

Prescription Received? Yes _____ No _____ If no, date expected _____

Rental rate; turning models, \$35/wk, plus tax & credit card on file or \$150 deposit. Any remaining deposit, will be credited to client when knee scooter is returned damage-free. Cancellation fee of \$50 will be charged for cancellations on the day of delivery. Out of area clients will incur additional shipping costs. Delivery and/or pickup, within our service area is available with additional costs. Customers may pickup and/or return their rental to our office, by appointment only, for no additional charge.

I have received / or been offered a copy of A Leg Up, LLC's HIPAA Privacy Notice.

I understand that it is my responsibility to follow the manufacturer's instructions for operation and safety of the knee scooter, and to use common sense. Children will not be allowed to use the product (unless the child is the patient). A Leg Up, LLC assumes no liability for any injury or damages arising from the use or misuse of this product. If I have questions, I will contact A Leg Up (206-362-0248) for advice and assistance.

_____ signature

_____ date

10/09

For Office Use

Weeks _____ @ _____ = _____

Payment Method

Knee Scooter Model and No.

Credit _____

(#E0118)

Deposit: _____

Check _____

Date for Return

by CC _____ Tax _____

Cash _____

Check _____ Total Due _____

Call for Appointment