

## Professional Consultation for Positioning, Mobility and Seating Equipment

Complete the form and send to the ATK Device Loan System or your regional AT Access Site to borrow a piece of positioning, mobility, or seating equipment. An appropriate professional could be a physical therapist, occupational therapist, or other mobility specialist.

Customer Name: \_\_\_\_\_ Professional Name: \_\_\_\_\_

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

City, Zip code: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ City, Zip code: \_\_\_\_\_

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

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

I, \_\_\_\_\_ (professional's name) accept responsibility for evaluating and properly fitting the \_\_\_\_\_ (equipment name/model/size) for \_\_\_\_\_ (customer's name.)

Deliver the device to (check preferred location):

customer's home

professional's office

I, \_\_\_\_\_ (customer's name) consulted and agree to \_\_\_\_\_ (professional's name)

performing an evaluation for the equipment listed. I agree to use the equipment according to the instructions provided by the professional consultant. I agree to hold the ATK Device Loan System harmless of any liability or damage related to the use of the equipment.

Customer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Professional's Signature: \_\_\_\_\_ Date: \_\_\_\_\_