



65, rue Brunswick Street, Fredericton, N.-B., E3B 1G5

Tel: 506-458-8739
Fax: 506-457-2863
E-mail: PSPLoans@easterseals.nb.ca
Web: www.easterseals.nb.ca

SECTION III – FINANCIAL, TRAVEL, ORTHOTIC AND OTHER REQUESTS

Applicants Name: _____ Medicare #: _____

1) TRAVEL:

Reason for travel: _____

Health Care Professional Name: _____

Date of travel: Date Travel to: _____ Date Travel From: _____

The type of expense you would need assistance with:

- TRAVEL
- MEALS
- LODGING
- OTHER

Please save all your receipts for submission to ESNB for any reimbursement you are requesting

2) ORTHOTIC, PROSTHETIC, ORTHOPEDIC SHOES / FOOTWEAR LIFTS:

All applications should be accompanied by a quote from a qualified supplier.

Prescribed by: _____

Supplier's name and contact person: _____

Address: _____ Tel #: _____

SECTION IV – WHEELCHAIR SPECIFICATIONS / SPÉCIFICATIONS DE FAUTEUIL ROULANT

Client Name / Nom du client:	Medicare # D'assurance-maladie
	ID # (healthcard)/Identification:
Chair size/Taille de la chaise:	Seat width/Largeur du siège:
	Seat depth/Profondeur du siège:
	Seat to floor height / Hauteur siège-sol: WITH cushion / avec coussin <input type="checkbox"/> WITHOUT cushion / sans coussin <input type="checkbox"/>
	Leg length/Longueur de la jambe:
Back / Dos:	Style / Modèle:
	Height / Taille:
Arms / Bras:	Style / Modèle:
	Height / Taille:
Frame style/Modèle de la Charpente:	
Drive / Commande:	
Front rigging/Repose-pied:	
Wheels / Roues:	Castors/Roulettes:
	Rear / Arrière:
Wheel locks / Blocages de roues:	Tires / Pneus:
	Handrims / Jante à main:
Cushion / Coussin:	Type of cushion :
Accessories / Accessoires:	

OTHER INFORMATION / AUTRES INFORMATIONS

Therapist Name and E-Mail / Therapeute Nom & Courier Électronique:	
Telephone / Téléphone:	Date: