



## Ergonomic Chair Trial Request Form

Please complete and fax to: 02 4368 1799

### PROVIDER REQUESTING TRIAL

NAME:	COMPANY:
PHONE:	JOB TITLE:
MOBILE:	EMAIL:

### BILLING ADDRESS

NAME:	COMPANY:
ADDRESS:	PHONE:
SUBURB:	MOBILE:
STATE:            POSTCODE:	EMAIL:

### PATIENT/STAFF MEMBER

NAME:	COMPANY:
ADDRESS:	PHONE:
SUBURB:	MOBILE:
STATE:            POSTCODE:	EMAIL:
NATURE OF INJURY (OPTIONAL):	

### STYLE OF CHAIR (PLEASE TICK ONE)

<input type="checkbox"/>	CLANCY	<input type="checkbox"/>	SCOOP
<input type="checkbox"/>	BAXTER	<input type="checkbox"/>	SPARK
<input type="checkbox"/>	BATEMAN	<input type="checkbox"/>	SWIFT (MED BACK)
<input type="checkbox"/>	BARIATRIC	<input type="checkbox"/>	SWIFT (HIGH BACK)

### ADDITIONAL COMMENTS


### SIGNATURE

I accept the Trial Terms and Conditions outlined in the Ausergo Trial Terms and Conditions Policy.

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Signature

Thank you for your request! We'll be in contact with you shortly.