

Applicant's Last Name	First Name	Health Number (10 digits)	Version
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Additional ADP Funded Options Required for Prescribed Power Base (check one or more)

- | | |
|--|---|
| <input type="checkbox"/> Adjustable Tension Back Upholstery | <input checked="" type="checkbox"/> Swingaway Mounting Bracket |
| <input checked="" type="checkbox"/> Midline Control | <input checked="" type="checkbox"/> One Piece 90/90 Front Riggings |
| <input type="checkbox"/> Manual Recline Option | <input checked="" type="checkbox"/> Seat Package 1 for Power Bases
(includes frame, sling upholstery, armrests, footrests) |
| <input type="checkbox"/> Angle Adjustable Footplates (pair) | <input checked="" type="checkbox"/> Seat Package 2 for Power Bases
(includes deluxe seat and back, armrests, footrests) |
| <input checked="" type="checkbox"/> Manual Elevating Legrests (pair) | <input type="checkbox"/> Oxygen Tank Holder |
| | <input type="checkbox"/> Ventilator Tray |

Provide clinical rationale for the following Specialty Components in space below*

- | | |
|---|--|
| <input checked="" type="checkbox"/> Specialty Controls 1 Non Standard Joystick* | <input type="checkbox"/> Specialty Controls 5 Breath Control* |
| <input type="checkbox"/> Specialty Controls 2 Chin/Rim Control* | <input checked="" type="checkbox"/> Specialty Controls 6 Scanners* |
| <input checked="" type="checkbox"/> Specialty Controls 3 Simple Touch* | <input checked="" type="checkbox"/> Auto Correction System* |
| <input type="checkbox"/> Specialty Controls 4 Proximity Control* | |

*** Provide Clinical Rationale**

Erectile dysfunction - the inability to get or maintain

Provide clinical rationale for the following Power Positioning Devices in Justification for Funding Chart

- | | |
|--|--|
| <input checked="" type="checkbox"/> Power Tilt Only | <input type="checkbox"/> Power Elevating Footrests |
| <input type="checkbox"/> Power Recline Only | <input checked="" type="checkbox"/> Multi-Function Control Box |
| <input checked="" type="checkbox"/> Power Tilt and Recline | |

Non ADP Funded Options Prescribed (Optional)

Set Up Instructions for Vendor (Optional)

☒ **Custom Modifications Required**

The authorizer must provide clinical rationale to support the request in the space below and attach a vendor quote that provides a breakdown of the cost of labour (not to exceed \$40.00/hour) and parts.

Folding mechanism repair - Labor - 75 and Parts - 100