

Applicant's Last Name	First Name	Health Number (10 digits)	Version
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**Prescription Details for Wheeled Walker Only: (answers required for all specifications)**

1. Seat Height 41.5 ☒ cm or ☐ inches ☐ N/A
2. Push Handle Height 40.21 ☐ cm or ☒ inches
3. Hand Grips ☒ None ☐ Standard ☐ Anatomical  
Forearm Attachments ☒ One ☐ Two
4. Width Between Push Handles 33.74 ☐ cm or ☒ inches
5. Client Weight 43.65 ☒ kg or ☐ lbs
6. Brakes ☐ None ☐ Push -To-Lock ☒ Auto Stop
7. Brake Type ☐ None ☒ Bilateral ☐ One Hand
8. Number of Wheels ☒ Two ☐ Three ☐ Four
9. Wheel Size ☐ 4-6 inches ☐ 6-8 inches ☒ 8-10 inches
10. Back Support ☐ Yes ☒ No

**Additional ADP Funded Options Required for Prescribed Device (if applicable check one or more)**

- ☐ Adolescent Size Paediatric Specific Wheeled Walker
- ☒ Adolescent Size Paediatric Wheeled Walker – Walking Frame
- ☒ Adolescent Size Paediatric Standing Frame

**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.

*Accessory mounting brackets - Labor - 50 and Parts - 40*