



A Leg Up, LLC
535 South Shore Center #121 - Alameda, CA 94501
Phone: (510) 523-4143 Fax: (510) 523-4829
E-Mail: alegup@comcast.net
HCPC: EO118 (crutch substitute)

CUSTOMER FORM

Name: _____ **Date of Surgery:** _____
Please print

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell:** _____ **Work:** _____

E-mail: _____ **Fax:** _____

Briefly describe your injury or procedure: _____

Patient's Doctor: _____ **Office Location:** _____

Rental price: \$35/wk, with a four week minimum; plus \$140 credit card deposit. Minimum rental with deposit is \$280. Deposit will be credited to patient when the Leg Up is returned with no damage. Delivery \$45 (includes both directions)

Total amount (to be paid in advance) \$325.00. (please initial): _____

Estimated date for pick up: _____

I understand that it is my responsibility to follow the manufacturer's instructions for operation and safety of the Free Spirit, and to use common sense. Children will not be allowed to use the product (unless the child is the patient). A Leg Up, LLC assumes no liability for any injury or damages arising from the use or misuse of this product. If I have questions, I will contact A Leg Up (510-523-4143) for advice and assistance.

Signature: _____

Date: _____

