



## DME Rental Request Form

Please fax completed form to WeCare for AbetterU  
at: Fax: 925-307-5395

\*Order Date \_\_\_\_\_

### Patient Information

*First Name		*Last Name		Middle Initial	
*Address					
*City		*State		*Zip	
*Home Phone		Mobile Phone	Facility Phone		
*Date of Birth					
*Email					
Emergency Contact Name		Phone number			

\*Denotes Required Info

### Rental Item Requested

*Item(s)			
*Pick-Up Date			
*Return Date			

\*Denotes Required Info

\*\*\*All rental items are subject to availability.

### Delivery Request

*Deliver to:	Home or Facility (Circle one)	Name of Facility			
*Address					
*City		*State		*Zip	

\*Delivery Fees Apply

\*Signature: \_\_\_\_\_ \*Date of Signature: \_\_\_\_\_