



Please send this form to [megan@mogowheelchairs.com.au](mailto:megan@mogowheelchairs.com.au)

## Power Assist Equipment Trial Request

Name

DOB

Email

Phone:

Address

Occupational Therapist

Phone

Email

Funding

Participant Number

Current Wheelchair

Approx Chair Size

Disability

Current Chair: Fixed

Folding

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### Equipment to Trial

#### Batec

Mini 2

Scrambler 2

Hybrid 2

Electric 2

#### SmartDrive MX2

#### E-Fix

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Additional Comments: Please use this space to provide any additional information or preferences that may be relevant selecting the right wheelchair.