

## Acknowledgment – Taking Possession of a Device\*

Facility supplying the device	Insured person's file number
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### Characteristics of the device

Model	Serial number
Manufacturer	Cost

### Other aids, components or supplements supplied

Date	Description	Cost
Year	Month	Day

### Undertaking by insured the person

<p>I, _____, (name in block letters)</p> <p>acknowledge that the device and any other aids, components or supplements described above are being supplied to me. I have familiarized myself with the information in this booklet, especially with the sections on my responsibility, on maintenance, and on return of the device.</p> <p>If I stop using the device, I undertake, in accordance with section 57 of the <i>Regulation respecting devices that compensate for a physical deficiency and are insured under the Health Insurance Act</i>, to return it to a facility that has signed a government-authorized agreement with the Régie de l'assurance maladie du Québec.</p>		
Insured person's health insurance number	Signature of the insured person or representative	Date of taking possession
		Year Month Day

\* The term "device" designates manual wheelchairs, power wheelchairs, positioning bases and strollers.