

# Authorization to Receive Equipment from the ABLE Tech Exchange Program



Authorization Date: \_\_\_\_\_

Equipment Name & Inventory Number: \_\_\_\_\_

*I confirm that the equipment has been cleaned and sanitized, if applicable, and in working order.  
(not applicable to supplies)*

**ABLE Tech Staff Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Customer Information

Provided to:  Person/Parent/Relative or  Professional (company/organization/school)

Name: \_\_\_\_\_

Address, City, Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

What is the primary area in which the equipment/supply/device will be used? Check only one.

Community Living       Education       Employment

### **Customer Receipt. Please read carefully, initial, and sign below upon receipt of equipment.**

\_\_\_\_\_ I received the equipment listed above, agree that it is for my personal use, and will not be sold.

\_\_\_\_\_ I understand that this is used equipment in "as in" condition and does not have any type of warranty. I accept the equipment/device "as is" and agree that it was given to me in good condition. I understand how the equipment/device works. I will not hold ABLE Tech Exchange Program responsible for any problems I might encounter while using this equipment/device. The ABLE Tech Exchange Program will not be liable for any failure due to mechanical, maintenance, electrical, structural, or any other function or characteristic of this equipment/device, and if it starts to encounter issues, you are advised to contact a local durable medical equipment company in your area for repairs, parts, and service calls.

\_\_\_\_\_ If appropriate, this equipment has been checked for FDA recalls as of the date of this form. Further research of FDA recalls becomes the responsibility of the owner going forward. Information can be found at [fda.gov/medicaldevicerecalls](http://fda.gov/medicaldevicerecalls).

**Customer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### **I contacted the ABLE Tech Exchange Program because (check one): I am:**

<input type="checkbox"/> Could only afford the DME through the statewide DME program	<input type="checkbox"/> Highly Satisfied
<input type="checkbox"/> DME was only available through the statewide DME program	<input type="checkbox"/> Satisfied
<input type="checkbox"/> DME was available through other programs but the system was too complex or the wait was too long	<input type="checkbox"/> Satisfied Somewhat
<input type="checkbox"/> Nonrespondent	<input type="checkbox"/> Not At All Satisfied
	<input type="checkbox"/> Nonrespondent

## ABLE Tech Exchange Program

3325 North Lincoln Boulevard  
Oklahoma City, OK 73105

Phone 405-523-4810 | Fax 405-523-4811 | Toll Free 833-431-9706

<http://okabletech.org>