

Neighbors Supporting Neighbors Program			
Form A Homeowners/Renters Loan or Gift Items			
Date: 4/21/2016			
Revised Date: 6/13/2016			
Category 1-Medical Devices			
Recommended Loan Period: 2-4 Months			
Name:	Bob Kline		
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Notes:			
For reference number use the following: the Category Med for Medical Devices, then your initials (2 or 3) letters a dash and the number in sequence beginning with with-1 example MedRLK-1, next MedRLK-2 etc.			
Reference		Mark One or Both	
Number	Item	Loan	Gift
Med594-1	Adjustable Crutches	X	X
Med594-2	Adjustable Walker	X	X
Med594-3	Belt to help patient walking or standing	X	X
Med594-4	Device to pull clothes up	X	X
Med594-5	Device to pull leg up in bed	X	X
Med594-6	Knee Brace-ankle to thigh	X	X
Med594-7	Medical Boot to Knee	X	X
Med594-8	Men's Non-Spill Urinal	X	X
Med594-9	Portable Toilet	X	X
Med594-10	Short Bed Rail-Assist getting out of bed*	X	X
Med594-11	Shower Seat	X	X
Med594-12	Walking Cane	X	X
*Fits Under mattress-about 18" long			