

Prosthetic and Orthotic Device Validation Certificate

Alberta Aids to Daily Living (AADL) Program

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Instructions to Client:

	Please sign your name, in full, for ear Ask for a copy of this form for your re		ved.	
I,	(Print Client's Name in Full)		, acknowledge:	
	I agree to the fabrication of the following prosthetic/orthotic device(s) after consultation with my prosthetist/orthotist. I understand that I am not permitted to switch to a different prosthetist/orthotist unless approved by AADL (per policy O-11/P-15).			
	(Description of prosthesis /orthotic device)			
	(Consultation Date)	/	(Client's Signature)	
	Receipt of the following devices/equ	ipment:		
De	scription of equipment/device	Date received (Service date)	Client's Signature	

add	NOT sign this section of the form until all your concerns regarding your prosthetic/orthotic device(s) are lressed by the prosthetist/orthotist. If you are unable to sign this form, contact the AADL Program nager to discuss the situation.			
	I confirm, by my signature, that I am satisfied with my prosthetic/orthotic device.			
	I am satisfied that my prosthetic/orthotic device meets my needs.			
	I am satisfied with the fit of my device and acknowledge that minor modifications may be required to maintain a good fit.			
	I understand that I am responsible for the care and maintenance of the device, <i>including obtaining</i> insurance to replace the device in the event that it is lost, stolen or damaged due to misuse.			
	I understand I am not permitted to modify, adjust or repair my device in any way and agree to consult my prosthetist/orthotist for any modifications, adjustments or repairs.			
	I have been made aware that I will not be eligible for further government funding for a replacement prosthetic/orthotic device for a period of years from the date of this fitting. (Fill in Number)			
	Modifications and repairs will be eligible for funding during this time.			
	(Date) (Client's Signature)			
Ve	ndor Name and Address: Personal Health Number (PHN)			
:	Authorization Number			