

Alberta Aids to Daily Living (AADL) Program

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Instructions to Client:

1. Please sign your name, in full, for each item or service received.
2. Ask for a copy of this form for your records.

I, _____, acknowledge:
(Print Client's Name in Full)

- 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/equipment:

Description of equipment/device	Date received (Service date)	Client's Signature

Please use a second form if additional space is required.

