



Valley Mission Homecare Pharmacy
12509 E Mission, Suite 103
Spokane Valley, WA 99216
(509) 928-6400

Wheelchair (non-powered) Patient/Caregiver Education Sheet

Thank you for choosing Valley Mission Homecare Pharmacy to provide you with a wheelchair! Should you have any questions or concerns about this equipment, please contact us at (509) 928-6400 Monday through Friday, 9:00 AM to 5:30 PM. If you are experiencing a life-threatening emergency, call 911. Please take a moment to periodically review the following regarding the use of this equipment. This information is intended to supplement the information and instructions provided by the manufacturer in the owner's manual.

- This wheelchair is intended to be used only by a single occupant.
- This wheelchair fold for easy transport. Take care when folding and unfolding to avoid pinching fingers and always make sure wheelchair is completely unfolded and seat edges as securely pressed down before using.
- Always secure wheel locks (brakes) before sitting in or standing up from wheelchair.
- Keep people and animals away from wheelchair when in use.
- Listen to and observe the wheelchair when operating and folding the wheelchair. Parts should move freely and smoothly and joints, nuts and bolts should be secure. If you observe something that doesn't sound or look correct, please contact us promptly.
- Please review where the owner's manual is located and refer to it when needed.
- Periodically clean wheelchair according to manufacturer's instructions.
- The equipment is to be treated appropriately and in such a manner that it is not abused or neglected. You may be charged for any damage or wear to the equipment that is not related to normal usage.
- Prolonged sitting or lying without positional body changes can lead to skin breakdown. To minimize risk of skin breakdown, frequently check skin integrity for discoloration, redness, irritation, pain, swelling or edema and seek assistance for your medical provider promptly if signs of skin breakdown or infection occur.

Again, thank you for using Valley Mission Homecare Pharmacy for your medical equipment needs. Your signature below acknowledges that you have received this equipment and have been provided education on the use, care and maintenance, as well as full documentation for the this equipment

Signed _____ Date _____