

Medical Loan Closet of Wichita, Inc.
6655 E. Harry St., Wichita, KS 67207, (316) 779-8989

Recipient: _____

Phone: (____) _____ email _____

Address: _____ zip code _____

Responsible Party: _____ Relationship: _____ Phone (____) _____

Loan Terms: The user and/or responsible party named above understands and agrees to the conditions specified below:

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- I/we agree to return the items when I'm done with them.**
 - I/we will not alter or deface the loaned equipment.**
 - I/we will maintain equipment in a clean and sanitary condition.**
 - I/we will clean the loaned item prior to returning.**
 - I/we have inspected the equipment and acknowledge that it is in good repair.**
 - I/we understand there may be a fee assessed if the equipment is damaged or lost.**
 - I/we understand the correct usage of the loaned equipment.**
 - I/we agree to contact my healthcare provider for specific instructions in regard to use should I find them necessary. The MLC does not provide medical advice.**

The client and/or responsible person receiving the loaned items described and listed by code number forever release the MEDICAL LOAN CLOSET OF WICHITA INC. (MLC) and its authorized agents and volunteers from any and all liability related to the loaned medical equipment and its use.

LOANED ITEMS WILL BE RETURNED TO MLC IN CLEAN AND SANITARY CONDITION. THE UNDERSIGNED PROMISES THAT LOANED ITEMS WILL NOT BE GIVEN, LOANED, SOLD, PAWNED OR LEAVE THE CONTROL OF THE CLIENT AND/OR THEIR RESPONSIBLE PARTIES DURING THEIR POSSESSION OF THE ITEM.

Signature of Responsible Party: _____ Date: _____

MLC STAFF: _____ Date: _____

YES NO

Did MLC have the equipment/supplies that you needed?

Were you satisfied with the attitude and performance of the MLC volunteer staff?

Would you have been able to get the equipment/supplies without the MLC loan?

Other comments:

**Medical Loan Closet of Wichita
Code Sheet**

QTY	CODE	ITEM	Donation Value
		Beds & Accessories	
	100	Hospital Bed, no mattress	\$25.00
	101	ICU Deluxe Hospital Bed	\$50.00
	102	Hospital Mattress	\$10.00
	103	Hospital Air Mattress	\$15.00
	104	Bed Rails (one side)	\$5.00
	105	Bed Trapeze	\$10.00
	106	Overbed or bed side Table	\$10.00
	107	Miscellaneous Bed Accessories or parts	\$5.00
		Walkers/Wheelchairs	
	300	Standard Walker	\$10.00
	301	Rollator Walker	\$20.00
	302	Knee Walker	\$20.00
	303	Specialty Walker	\$10.00
	304	Walker 3 Wheel	\$10.00
	305	Walker Accessories or Parts	\$5.00
	306	Geri Chair	\$20.00
	307	Transfer Chair	\$25.00
	308	Wheel Chair/Standard	\$25.00
	309	Wheel Chair Accessories or Parts	\$10.00
	310	Cushion - Air	\$10.00
	311	Cushion - Gel	\$5.00
		Personal Care Items	
	600	Reacher	\$5.00
	601	Shoe Horn	\$5.00
	602	Sock Puller	\$5.00
	603	Gait Belt	\$5.00
	604	Personal Care Alarm	\$10.00
	605	Misc accessories Personal Care	\$5.00
		Respiratory Equipment	
	800	Respiratory Accessories Mask tubing	\$5.00
	801	Bi-Pap	\$20.00
	802	C-Pap	\$20.00
	803	Nebulizer	\$10.00
	804	Oxygen Concentrator	\$20.00
	805	Pulse Oximeter	\$10.00
	806	Blood Pressure Kit	10.00
			\$_____

QTY	CODE	ITEM	Donation Value
		Bath/Toilet Items	
	200	Shower Chair	\$10.00
	201	Bathtub Transfer Bench	\$15.00
	202	Bath Transfer Board	\$10.00
	203	Toilet Seat Riser	\$5.00
	204	Commode	\$10.00
	205	Bath Rails/Grab Bar	\$10.00
	206	Bathroom Miss Accessories	\$5.00
		Power Chairs/Scooters Etc.	
	400	Mobility Scooter	\$_____
	401	Power Wheelchair	\$_____
	402	Power Chair Accessories or Parts	\$100.00
		Lifts/Accessories	
	500	Manual Patient Lift	\$20.00
	501	Electric Patient Lift	\$_____h
	502	Lift Sling	\$15.00
	503	Lift Chair	\$_____
	504	Electric Sit to stand	\$50.00
	505	Manual Sit to stand	\$25.00
	506	Lift Accessories or Parts	\$10.00
		Orthopedic & Support Items	
	700	Braces	\$5.00
	701	Cast Boot	\$10.00
	702	Polar Ice Therapy Unit	\$20.00
	703	TENS/EMS Units	\$10.00
	704	Cane	\$5.00
	705	Quad Cane	\$10.00
	706	Crutches	\$10.00
	707	Crutches Accessories	\$5.00
	708	Orthopedic Accessories or parts	\$5.00
		Medical Supplies	
	900	Other Supplies	\$5.00
	901	Ostomy Supplies	\$5.00
	902	Catheter supplies	\$5.00
	903	Incontinence supplies	\$5.00
	904	Wound Care supplies	\$5.00
	905	IV Therapy Supplies	\$5.00
	D	Cash or DME Donation	\$_____

Total suggested donation: \$ _____ Donation Received: \$ _____

Cash _____ Check _____ MLC Voucher # _____ Number of Vouchers _____ In-Kind Donation _____