ALS Society of BC—Equipment Repair or Service Request

Once completed, please fax your request to 604-685-0725.
You will receive an emailed fax confirmation indicating that your request has been received.

Date: _____ Number of Pages Faxing:_____

Client's Surname: _____ First Name: _____

Street Address: _____City:_____

Postal Code: _____ Phone Number: (____) _____

Requisitioned by: _____ Professional Designation: _____

Agency: _____Telephone: (___) _____

Fax: (___) _____ Email: _____

❑Healthcare Professional would like to be present at repair/service

Repair or Service Request:

208 – 1600 WEST 6th AVENUE, VANCOUVER, BC V6J 1R3 PH **604-685-0737** OR **1-800-708-3228** FAX **604-685-0725**

Email: equipmentloan@alsbc.ca Website: www.alsbc.ca CHARITABLE REGISTRATION # 10670 8985 RR0001