

Utah State Office of Rehabilitation

Prosthetic Appliance Receipt

I, the undersigned, certify that I have received the prosthetic appliance listed below and that it is in good serviceable condition.

I agree to properly maintain and care for the appliance to insure its maximum usefulness. I shall cooperate in securing any needed adjustments that will increase the efficient use of the appliance. If I find the appliance unsatisfactory in any way, I agree to advise my Vocational Rehabilitation Counselor at the Utah State Office of Rehabilitation.

I also agree to cooperate in securing any needed or recommended physical therapy treatments or other services that will improve my physical condition.

I understand that the appliance is provided to me to increase my employability and that I will be expected after employment to meet the costs of maintenance, repair, or replacement. I further understand that the Utah State Office of Rehabilitation does not in any way guarantee or warrant the function, usefulness, workmanship, use-life, or any other characteristic of the appliance provided to me.

I certify that I have read, do understand, and will comply with the above statements.

Counselor

Date

Vendor

Client

Address

Parent or Guardian
(Unmarried minors must provide
additional signature)