

# Grab Bar & Transfer Pole Installation Fax Form



This form provides basic Grab Bar and Transfer Pole installation requirements to help MDA ensure installation accuracy and client satisfaction.

Instructions: Please complete Section A and Sections B - D as required. Fax directly to MDA at (204) 945-5077 along with product order form.

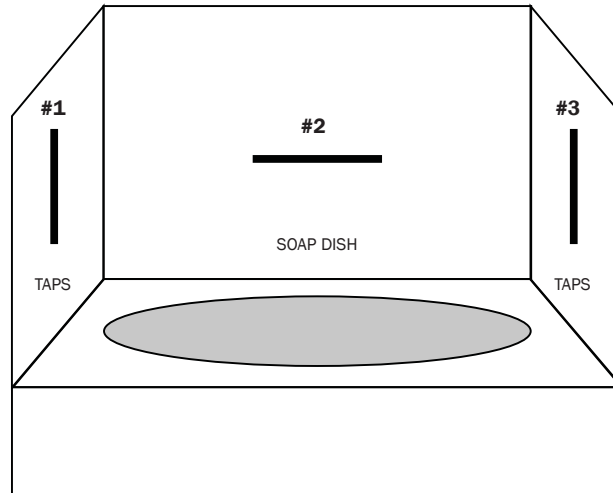
## SECTION A

Client Name		Phone	
Resident Address (provide full address including postal code)			
Does Assessor wish to be present at time of installation? If yes, please provide assessor contact information below		<input type="checkbox"/> YES	<input type="checkbox"/> NO

Assessor Name		Phone	
Title			

## SECTION B: Grab Bar Installation for Bathtub

1. On the following diagram, please circle the number which best describes the location where the grab bar(s) should be installed:



2(A). In the diagram(s) below, indicate the grab bar(s) length (in inches) and circle the direction it should be installed.

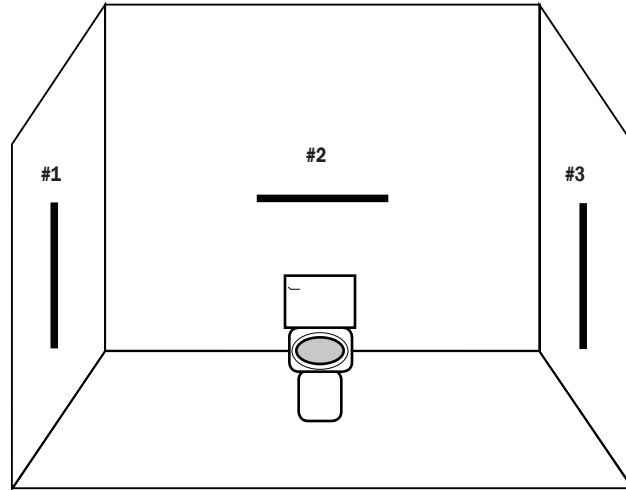
<p>Grab Bar #1</p> <p>Length: _____</p> <p>Direction: (circle one)</p> <p>    —   \   /</p>	<p>Grab Bar #2</p> <p>Length: _____</p> <p>Direction: (circle one)</p> <p>    —   \   /</p>	<p>Grab Bar #3</p> <p>Length: _____</p> <p>Direction: (circle one)</p> <p>    —   \   /</p>
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2(B). Additional Grab Bar(s) installation details:

# Grab Bar & Transfer Pole Installation Fax Form - Continued

## SECTION C: Grab Bar Installation for Toilet

1. On the following diagram, circle the number which best describes the location the grab bar(s) should be installed:



2(A). In the diagram below, indicate the grab bar(s) length (in inches) and circle the direction each should be installed.

<p>Grab Bar #1</p> <p>Length: _____</p> <p>Direction: (circle one)</p> <p> <input type="checkbox"/>                 <input type="checkbox"/> —               <input type="checkbox"/> \               <input type="checkbox"/> /         </p>	<p>Grab Bar #2</p> <p>Length: _____</p> <p>Direction: (circle one)</p> <p> <input type="checkbox"/>                 <input type="checkbox"/> —               <input type="checkbox"/> \               <input type="checkbox"/> /         </p>	<p>Grab Bar #3</p> <p>Length: _____</p> <p>Direction: (circle one)</p> <p> <input type="checkbox"/>                 <input type="checkbox"/> —               <input type="checkbox"/> \               <input type="checkbox"/> /         </p>
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2(B). Provide additional Grab Bar(s) installation details:

## SECTION D: Transfer Pole Installation

1. Ceiling height for transfer pole installation  
 \_\_\_\_\_ Feet \_\_\_\_\_ Inches

2. For which room is the transfer pole being installed?

To ensure accuracy, MDA asks the assessor to use masking tape to draw an "X" on the floor in the position where the Transfer pole should be installed

Additional Transfer Pole Installation details:

Thank you for providing MDA with the above information.  
 Please fax to: **(204) 945-5077**