

<b>Client</b>					
Name					County
Mailing address					
City				State	Zip
Daytime Phone				Email	

<b>Request Type</b>	
First Time	Replacement
Canes must be measured and fitted to the individual. A Visually Impaired person needs special training on how to use a cane. All first time requests should be handled by an Orientation and Mobility Specialist.	

<b>Cane Type</b>					
Support -Rubber tip	34"	36"	38"	40"	42"
Folding Aluminum	40"	42"	44"	46"	48"
	50"	52"	54"	56"	Roller Tip
Straight Aluminum	40"	42"	44"	46"	48"
	50"	52"	54"	56"	

<b>Submitted By</b>					
Name					Social Worker OMS Specialist
Address					
City				State	Zip
Daytime Phone				Email	

<b>Mail Cane To</b>		<b>Client</b>	<b>Social Worker</b>
Name			
Address			
City			Zip
Daytime Phone			Email

**For fastest service Email:** [Canes@NCLionsInc.org](mailto:Canes@NCLionsInc.org)  
 Mail North Carolina Lions, Inc  
 PO Box 39  
 Sherrills Ford, NC 28673  
 Fax: 828-478-4419

<b>NCLI USE ONLY</b>	
Date Ordered	_____
Processed By	_____
Invoice	