| **Date** | **Equipment type/ description** | **TEP ‘T’/’H’ Number** | **Client ID** | **Client Initials** | **Incoming Items** | **Outgoing Items**\*Trial Request prior to trial | **Approved Prescriber/ Contractor**  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Return** | **Hold** | **Fitting****(measure size)** | **Trial\*****(left with client)** | **Issue** | **Going To** | **Name** | **Business/ Work Unit** |
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