

FITTING / ORDER FORM

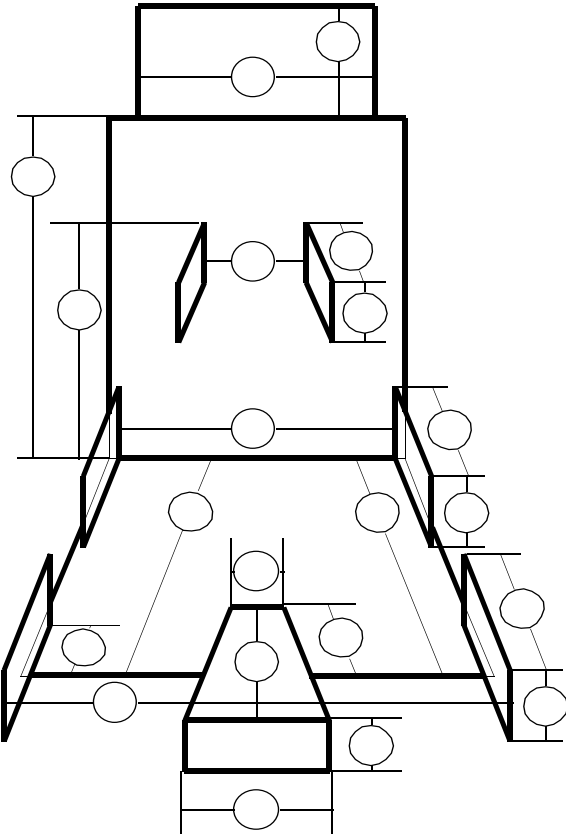
Clients Name (Last, First): _____ Dealer: _____ Sales Person: _____

Date: ___/___/___ Mobility: _____ Therapist & Facility: _____

CLIENT ACTUAL MEASUREMENTS as of ___/___/___

Width @		Depth @		Length from			Range of Motion (ROM)			
Top - Head		Forehead		Seat to: (Height)	Rt.	Lf.	ROM @	Rt.	Lf.	Special Comments
Neck		Chest		Top - Head			Hip, Flexion			
Shoulder		Waist		Occipital			Hip, External Rotation			
Chest		Hip		Shoulder			Hip, Internal Rotation			
Waist		Rt.Foot		Axila			Hip, Extension			
Hip		Lf.Foot		Elbow			Hip, Abduction			
				Foot			Knee, Extension			
							Knee, Flexion			
				Back to: (Depth)						
				Seat Depth						

INTERIM FIT Yes No
Seat to Back Angle: _____



	Size	Foam	Hrdwr	Cover	Sp. Instructions
Back Type S _____	H: _____ W: _____	1/2 1/2 1/2	<input type="checkbox"/> Fix Flush <input type="checkbox"/> Rem. Flush <input type="checkbox"/> Depth/Ang. Adj. <input type="checkbox"/> VersaLocks <input type="checkbox"/> QuickClamp <input type="checkbox"/> _____		<input type="checkbox"/> Front of Posts <input type="checkbox"/> Between Posts <input type="checkbox"/> Mild or <input type="checkbox"/> Deep Contour <input type="checkbox"/> Asymmetrical <input type="checkbox"/> Bi-Angular (detail specs) <input type="checkbox"/> Special Specs
Seat Type S _____	W: _____ D: _____ Includes _____" Gr.Tail _____	1/2 1/2 1/2 1/2	<input type="checkbox"/> Seat Pan <input type="checkbox"/> Fix Flush <input type="checkbox"/> Rem. Flush <input type="checkbox"/> Height/Ang. Adj. <input type="checkbox"/> VersaLocks <input type="checkbox"/> QuickClamp		<input type="checkbox"/> Top of Rails <input type="checkbox"/> Betw. Rails <input type="checkbox"/> Mild or <input type="checkbox"/> Deep Contour <input type="checkbox"/> Asymmetrical <input type="checkbox"/> Anti-thrust <input type="checkbox"/> Leg Discrepancy <input type="checkbox"/> Special Specs
Lateral Trunk <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	H: _____ D: _____		<input type="checkbox"/> Adj. w/Nuts <input type="checkbox"/> Adj. w/Knob <input type="checkbox"/> Swing Away <input type="checkbox"/> Removable		<input type="checkbox"/> Std. Flat Pad <input type="checkbox"/> Front Contour Pad <input type="checkbox"/> Rear Contour Pad <input type="checkbox"/> Custom
Hip Guides <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	H: _____ D: _____		<input type="checkbox"/> Adj. w/Nuts <input type="checkbox"/> Adj. w/Knob <input type="checkbox"/> Swing Away <input type="checkbox"/> Removable		<input type="checkbox"/> Std. Flat Pad <input type="checkbox"/> Rear Contour Pad <input type="checkbox"/> Fr. Seat <input type="checkbox"/> Fr. Back <input type="checkbox"/> Fr. Armrest <input type="checkbox"/> Custom
Medial Knee <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	FW: _____ RW: _____ H: _____ D: _____		<input type="checkbox"/> Fixed <input type="checkbox"/> Removable <input type="checkbox"/> FlipDown <input type="checkbox"/> Custom		<input type="checkbox"/> Std. Wedge <input type="checkbox"/> Std. Oval <input type="checkbox"/> Std. L-Shape <input type="checkbox"/> Custom
Lateral Knee <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L	H: _____ D: _____		<input type="checkbox"/> Adj. w/Nuts <input type="checkbox"/> Adj. w/Knob <input type="checkbox"/> Swing Away <input type="checkbox"/> Removable		<input type="checkbox"/> Std. Flat <input type="checkbox"/> Std. L-Shape <input type="checkbox"/> Fr. Seat <input type="checkbox"/> Fr. Legrest <input type="checkbox"/> Fr. Armrest <input type="checkbox"/> Custom
Head Rest	H: _____ W: _____		<input type="checkbox"/> Fixed <input type="checkbox"/> Slide Bracket <input type="checkbox"/> In/Out-UpDown <input type="checkbox"/> I/O-U/D AngAdj <input type="checkbox"/> Flip Down		<input type="checkbox"/> Flat <input type="checkbox"/> Custom <input type="checkbox"/> BioCurved <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> BioContoured <input type="checkbox"/> BioTri-Pads (detail specs) <input type="checkbox"/> Occipital Roll

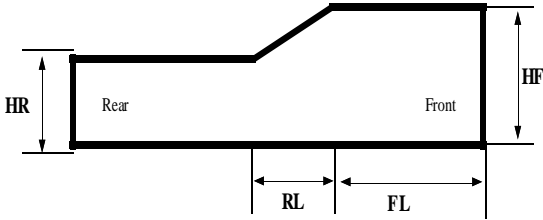
Notes & Extra Accessories:

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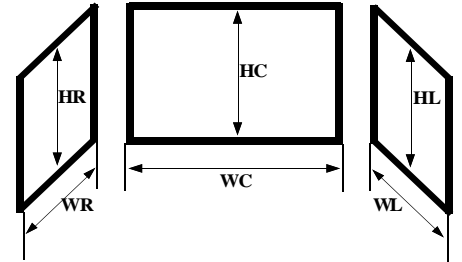
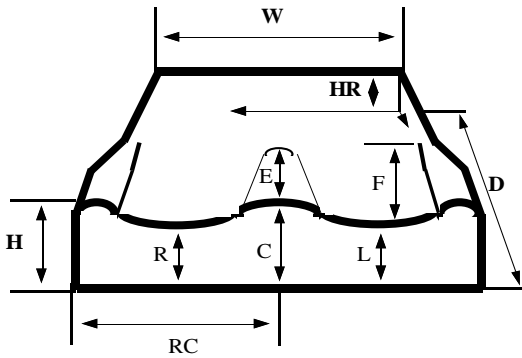
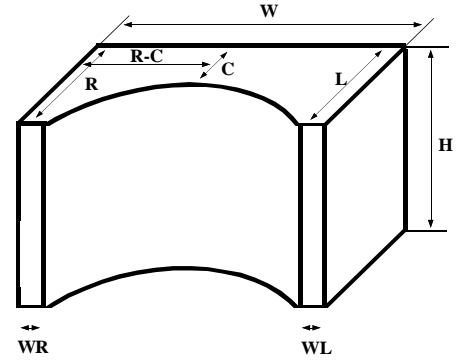
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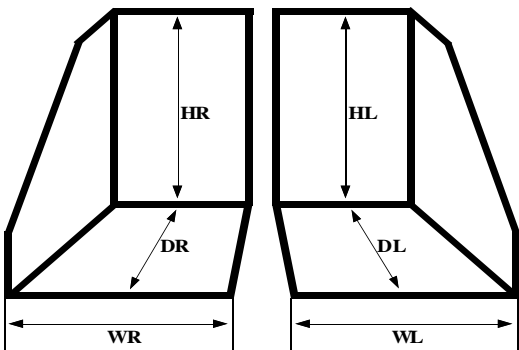
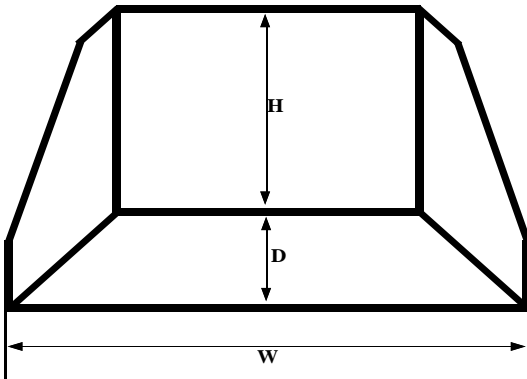
Special Modifications to Page 1



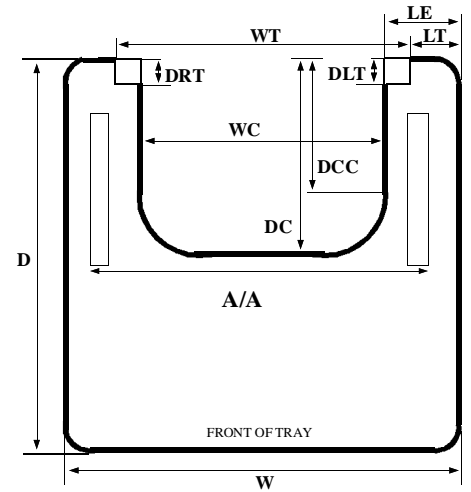
Antithrust Seat Insert		BioContoured Headrest	
HR		W	
HF		H	
RL		R-C	
FL		R	
		C	
Contoured Seat		L	
W		WR	
D		WL	
H			
BioTriPad Headrest		HR	
R		WR	
C		HC	
L		WC	
RC		HL	
E		WL	
F			



Accessories



Double Leg Footbox		Laptray	
H		W	
W		D	
D		WT	
		WC	
		DRT	
Single Leg Footbox		DLT	
HR		LT	
WR		LE	
DR		DC	
HL		DCC	
WL		A/A	
DL		Arm Pad Thickness	



Notes / Draft

