CUSTOM WHEELCHAIR SEAT ORDER FORM

SPECIALIZED SEATING

NOTE: THIS FORM MUST BE SUBMITTED WITH A SIGNED PROSTHETIC/ORTHOTIC REQUISITION.

Patient's Name:	Therapist's Name:

Description of Current Wheelchair:	
Make:	Width:
Model:	Depth:

Measurements of Current Wheelchair:	
	1. Front edge of back cane to centre of crossbar: __________ Inches
	2. Front edge of back cane to centre of crossbar: __________ Inches
	3. Length of side rails: __________ Inches
	4. Distance between side rails: __________ Inches

Seat Requirements:	
Type of Seat: ☐ Above rail flat seat with strap ☐ 1" Drop seat (1/2" plywood on 1 ½" drop hooks) ☐ 2" Drop seat (1/2" plywood on 2 ½" drop hooks)	**Desired Components:** ☐ Ischial Lock ☐ Wedge and Ischial Lock ☐ Built in Pommel and Leg Channels ☐ Removable Pommel
Wedge: ☐ None ☐ 1" ☐ 1 ½" ☐ 2"	**Desired Seat Depth (may be different from wheelchair depth):** __________ Inches
Foam: ☐ None (base only) ☐ 1" ☐ 2" ☐ Other: please specify ____________________	**Cover:** ☐ Vinyl ☐ Non-slip vinyl ☐ Neoprene ☐ Dartex

? **Questions? Please contact Specialized Seating to discuss available options.**

Phone 306-385-7215. **Email: seating@saskabilities.ca**

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