

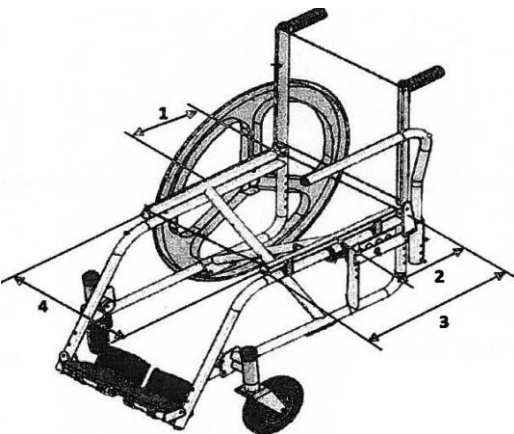
CUSTOM WHEELCHAIR SEAT ORDER FORM
SPECIALIZED SEATING



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

| | |
|-----------------|-------------------|
| Patient's Name: | Therapist's Name: |
|-----------------|-------------------|

| Description of Current Wheelchair: | |
|------------------------------------|--|
| Make: | Width: Inches |
| Model: | Depth: Inches |

| Measurements of Current Wheelchair: | | | | | | | | | |
|--|---|---|--------------|---|--------------|--------------------------|--------------|---------------------------------|--------------|
|  | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">1. Front edge of back cane to centre of crossbar:</td> <td style="text-align: right; padding: 5px;">_____ Inches</td> </tr> <tr> <td style="padding: 5px;">2. Front edge of back cane to centre of crossbar:</td> <td style="text-align: right; padding: 5px;">_____ Inches</td> </tr> <tr> <td style="padding: 5px;">3. Length of side rails:</td> <td style="text-align: right; padding: 5px;">_____ Inches</td> </tr> <tr> <td style="padding: 5px;">4. Distance between side rails:</td> <td style="text-align: right; padding: 5px;">_____ Inches</td> </tr> </table> | 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 |
| 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: <input type="checkbox"/> Above rail flat seat with strap <input type="checkbox"/> 1" Drop seat (1/2" plywood on 1 1/2" drop hooks) <input type="checkbox"/> 2" Drop seat (1/2" plywood on 2 1/2" drop hooks) | Desired Components: <input type="checkbox"/> Ischial Lock <input type="checkbox"/> Wedge and Ischial Lock <input type="checkbox"/> Built in Pommel and Leg Channels <input type="checkbox"/> Removable Pommel |
| Wedge: <input type="checkbox"/> None <input type="checkbox"/> 1" <input type="checkbox"/> 1 1/2" <input type="checkbox"/> 2" | Desired Seat Depth (may be different from wheelchair depth): <div style="text-align: right; padding-right: 50px;">_____ Inches</div> |
| Foam: <input type="checkbox"/> None (base only) <input type="checkbox"/> 1" <input type="checkbox"/> 2" <input type="checkbox"/> Other: please specify _____ | Cover: <input type="checkbox"/> Vinyl <input type="checkbox"/> Non-slip vinyl <input type="checkbox"/> Neoprene <input type="checkbox"/> Dartex |

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

Phone 306-385-7215.

Email: seating@saskabilities.ca