

# CUSTOM WHEELCHAIR TRAY ORDER FORM

## SPECIALIZED SEATING



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

<b>Patient's Name:</b>	<b>Therapist's Name:</b>
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Description of Current Wheelchair:	
<b>Make:</b>	<b>Seat Width:</b>
<b>Model:</b>	<b>Seat Depth:</b>

Important Measurements: (see diagram)	
<b>A. Outside Width of Wheelchair Arm Pads (to determine overall tray width needed):</b>	
<b>B. Body Width:</b>	
<b>C. Body Depth:</b>	
<b>D. Full Tray Depth:</b>	

Tray Specifications:		
<b>Style:</b> <input type="checkbox"/> Full tray (rectangle) <input type="checkbox"/> Half tray – Right side <input type="checkbox"/> Half tray – Left side <input type="checkbox"/> Custom shape (must submit detailed pattern)	<b>Mount:</b> <input type="checkbox"/> Swing Away (half tray only) <input type="checkbox"/> Slide on <input type="checkbox"/> Bayonet	<b>Tray Material:</b> <input type="checkbox"/> Clear, plastic <input type="checkbox"/> Black, plastic <input type="checkbox"/> Padded, wooden
<b>Additional Components:</b> (check all that are required) <input type="checkbox"/> Pad for elbow – Right side <input type="checkbox"/> Pad for elbow – Left side <input type="checkbox"/> Lateral arm/elbow stop – Right side <input type="checkbox"/> Lateral arm/elbow stop – Left side <input type="checkbox"/> Back hold on strap <input type="checkbox"/> Rim on front edge		

Additional Information:

**?** Questions? Please contact Specialized Seating to discuss available options.  
 Phone 306-385-7215      Email: [seating@saskabilities.ca](mailto:seating@saskabilities.ca)