

CUSTOM WHEELCHAIR TRAY ORDER FORM

SPECIALIZED SEATING



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

Patient's Name:	Therapist's Name:
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Description of Current Wheelchair:	
Make:	Seat Width:
Model:	Seat Depth:

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

Tray Specifications:		
Style: <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)	Mount: <input type="checkbox"/> Swing Away (half tray only) <input type="checkbox"/> Slide on <input type="checkbox"/> Bayonet	Tray Material: <input type="checkbox"/> Clear, plastic <input type="checkbox"/> Black, plastic <input type="checkbox"/> Padded, wooden
Additional Components: (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