

Marked For: _____

CONSUMER INFORMATION:

AGE: _____

WEIGHT: _____

HEIGHT: _____

DISABILITY LEVEL/TYPE: _____

TYPE AND HEIGHT OF CUSHION TO BE USED: _____

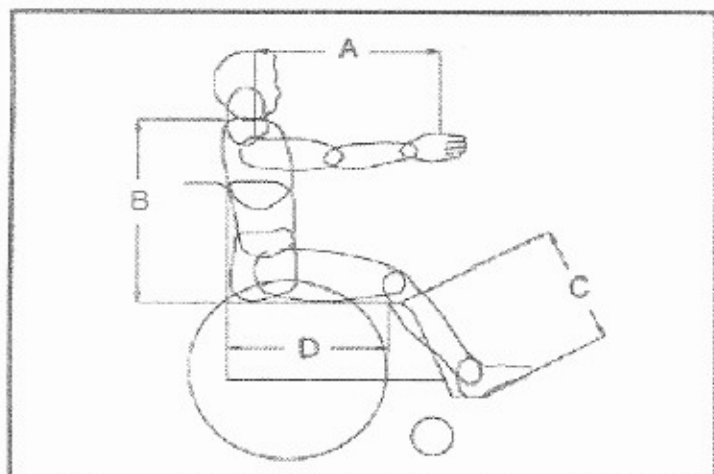
PLEASE EXPLAIN ANY IMPAIRMENT OF ARM
OR HAND FUNCTION _____

FRAMES

DIMENSIONS FROM DRAWING

Dimensions must be complete for proper fit

- | | | |
|---------------------------------------|-------|---|
| A. Top of Shoulder to Center of Palm: | _____ | " |
| B. Top of Shoulder to Seat: | _____ | " |
| C. Lower Leg Length: | _____ | " |
| D. Upper Leg Length: | _____ | " |
| E. Hip Width (Side to Side): | _____ | " |
| F. Head Measurement | _____ | " |



**Note: These Dimensions are required for set up.

