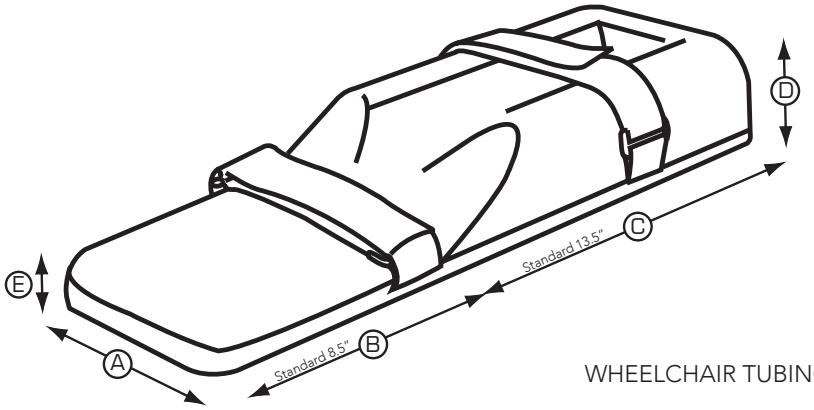
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NON-STANDARD TEMPLATE

COMFORT ARM



WHEELCHAIR TUBING SIZE _____"

PLEASE FILL OUT THE FOLLOWING

Product Information

1) INDICATE WHICH ARM : Right or Left (circle one)

2) DIMENSION OF Ⓐ : _____"

3) DIMENSION OF Ⓑ : _____"

4) DIMENSION OF Ⓒ : _____"

5) DIMENSION OF Ⓓ : _____"

6) DIMENSION OF Ⓔ : _____"

7) INCLUDE GEL : Yes or No (circle one)*
* If YES, please show on the diagram above where you would like the QuadraGel placed.

8) TYPE OF MOUNTING HARDWARE :
FIXED SWING AWAY EAD (circle one)

9) SPECIAL INSTRUCTIONS:

Customer Information

CUSTOMER ACCT # : _____

CONTACT PERSON : _____

PHONE # : _____

_____

E-MAIL : _____

SHIP TO LOCATION : _____

_____

_____

PATIENT REFERENCE : _____

QUOTE REQUEST SUPPLY : _____

COMMENTS:

PLEASE EMAIL or FAX TEMPLATE

US: orders.comfort@permobil.com • phone: 800-736-0925 • fax: 406-522-8563
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