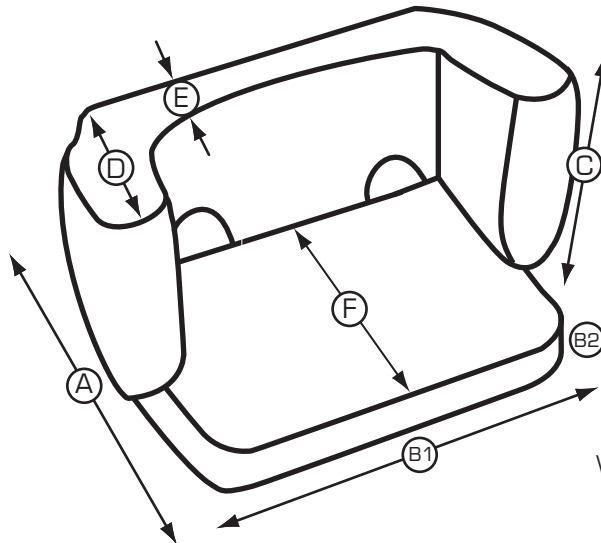


NON-STANDARD TEMPLATE

COMPLETE FEET

(NO LEG SEPARATOR)



WHEELCHAIR SIZE _____"

PLEASE FILL OUT THE FOLLOWING

Product Information

1) DIMENSION OF (A) : _____"

2) DIMENSION OF (B1) : _____"
Actual Width (Not Chair Size)

3) DIMENSION OF (B2) : _____"
Foot Support Thickness

4) DIMENSION OF (C) : _____"

5) DIMENSION OF (D) : _____"

6) DIMENSION OF (E) : _____"

7) INCLUDE GEL : Yes or No (circle one)*
* Gel only available for foot support.

8) INSTRUCTIONS FOR (F) :
* Draw a line in the middle of foot plate and align with the arrows.

Customer Information

CUSTOMER ACCT # : _____

SHIP TO LOCATION : _____

CONTACT PERSON : _____

PHONE # : _____

PATIENT REFERENCE : _____

E-MAIL : _____

QUOTE REQUEST SUPPLY : _____

COMMENTS:

PLEASE EMAIL or FAX TEMPLATE