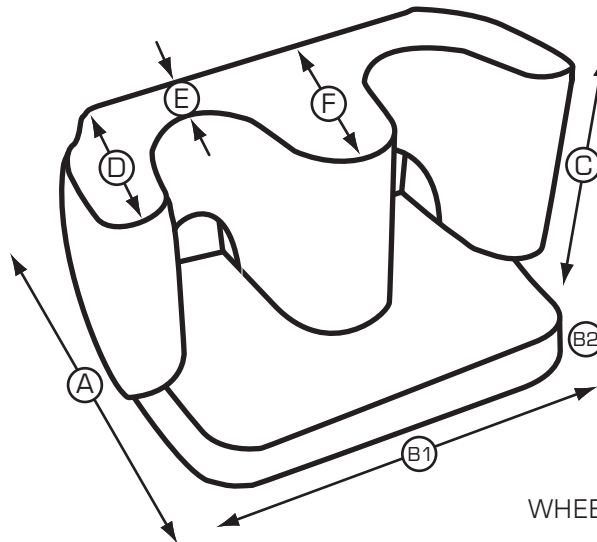


NON-STANDARD TEMPLATE

COMPLETE FEET



WHEELCHAIR SIZE _____"

PLEASE FILL OUT THE FOLLOWING

Product Information

- | | |
|---|---|
| 1) DIMENSION OF (A) : _____" | 5) DIMENSION OF (D) : _____" |
| 2) DIMENSION OF (B1) : _____"
<small>Actual Width (Not Chair Size)</small> | 6) DIMENSION OF (E) : _____" |
| 3) DIMENSION OF (B2) : _____"
<small>Foot Support Thickness</small> | 7) DIMENSION OF (F) : _____" |
| 4) DIMENSION OF (C) : _____" | 8) INCLUDE GEL : Yes or No (circle one)*
<small>* Gel only available for foot support.</small> |

Customer Information

CUSTOMER ACCT # : _____	SHIP TO LOCATION : _____
CONTACT PERSON : _____	_____
PHONE # : _____	_____
_____	PATIENT REFERENCE : _____
E-MAIL : _____	QUOTE REQUEST SUPPLY : _____

COMMENTS:

PLEASE EMAIL or FAX TEMPLATE

US: orders.comfort@permobil.com • phone: 800-736-0925 • fax: 406-522-8563
Canada: sales.ca@permobil.com • phone: 800-265-9830 • fax: 877-636-8944