



Request Form - Manual Mobility

Demo Equip New Equip

Date Submitted: ___/___/___ Date Required: ___/___/___ Time Required: ___:___

Rep: _____ Client: _____ Tech: _____

Equipment Information: Clean Equip Stickers Tire PSI

Type(s): _____ Serial# _____

Size & Specs:

Width: _____ Depth: _____ STF: Front _____ Rear _____ KTH: _____

Wheel Type: _____ Size: _____ Tire: _____

Castor Type: _____ Size: _____ Hand rim: _____ Anti-Tippers: Y N

Seating Info:

Cushion: _____ Height _____

Backrest: _____ Set Height to _____ (from seat pan) Set Angle to _____ °

Headrest: _____ Set Height to _____

Armrest: Left - full length desk length Set Height to _____

: Right - full length desk length Set Height to _____

Arm Pad Type: _____

Arm Positioning Misc - Left: _____

Arm Positioning Misc - Right: _____

Legrest Type: 70° 90° Manual Power Elevating **Footrest:** Fixed Angle Adj Footplate Heel Loop

Lower Extremity Positioning: Calf Strap Legrest Panel Padded Non-Padded Ankle Hugger S M L

Hip Guide Left Right _____ x _____ x _____ Quick Release Fixed Knee Button Left Right

Seatbelt: _____ 2 Point 4 Point Padded Other _____

Upper Extremity Positioning: Lateral(s) _____ Left Height _____ Right Height _____

Swing-Away Fixed Size _____ Other _____

Chest Strap Chest Harness Padded Non-Padded Other _____

Additional Notes: _____

Completion Info:

Tech Signature _____ Date Completed ___/___/___ Time Completed ___:___

Sales Signature _____

Proposed Set Up Time: _____ Actual Set Up Time: _____

