



-Request Form - Power Mobility

Demo Equip New Equip

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

Rep: _____ Client: _____ Tech: _____

Equipment Information: Clean Equip Stickers LoadTest Charge Tire PSI Battery Size Test Drive

Type: _____ **Battery:** _____ **Serial#:** _____

Size Specs: Width: _____ Depth: _____ STF: _____ KTH: _____

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 Positioning Misc - Left: _____

Arm Positioning Misc - Right: _____

Joystick: Left Right Swing Away Center Mount **Arm-to-Gimble Measurement:** _____

Special: _____

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

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 _____ / _____ Sales Signature: _____

