

# MoH LIST EQUIPMENT SHOWER COMMODE SPECIFICATIONS

**FOR OFFICE USE ONLY**

Application No. \_\_\_\_\_

Received    dd / mm / yyyy \_\_\_\_\_

This form is to be used when requesting List Shower Commodes. Please include the completed form with your List Equipment Application.

Assessor Name \_\_\_\_\_ AEA No. \_\_\_\_\_

Person's Name \_\_\_\_\_ Date    dd / mm / yyyy \_\_\_\_\_

**Important:** Please provide the Person's Weight & Height details.

Person's Weight \_\_\_\_\_ Person's Height \_\_\_\_\_

## COMMODE TYPE

Attendant Propelled

Standard width is 18"

Height from floor to bottom of commode seat is 19"

Self Propelling

Standard seat depth is 16"

Floor to top of seat height is 22"

**Note:** Where refurbished stock is available commodes most commonly re-issued are Invacare models 590A and 590B or the Cubro K-Care Viking model.

Other Model: \_\_\_\_\_

## BACK

Padded

Strapped

No Preference

## BRAKES

Attendant Propelled Commodes

Front Castors

Back Castors

All 4 Castors

**Notes:** Self Propelling Shower Commodes have standard brakes.

## SEAT OPTIONS

GlibXUX Open Front

GlibXUX 7`cgYX Front

## ARM RESTS

5`List Shower/Commodes have swing-up arm rests

## FOOT PLATES

Standard swing away footrests

One piece sliding footplate

## ACCESSORIES

Dan and carrier

6 ck`#Da] and carrier

B]

## FURTHER INFORMATION