



Solutions for better living

SPECIFICATION FORM
BAND I
SHOWER COMMODE

FOR OFFICE USE ONLY

Received: / /
Request #:

This form is to be used when requesting Band I Shower Commodes. Please include the completed form with your Service Request.

Assessor's Name: _____

AEA No.: _____

Person's Name: _____

Date: / /

Important: Please provide your Client's Weight & Height details:

Person's Weight: _____ kg

Person's Height: _____ metres

COMMODOE 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: A Band I Catalogue shower commode or similar refurbished stock will be supplied, with the specifications listed below. Please complete the EMS Portal and Band II or III Equipment Service Request if other specifications are required.

BACK

Padded

Strapped

No Preference

BRAKES

Attendant Propelled Commodes

Front Castors

Back Castors

All 4 Castors

Note - Self Propelling Shower Commodes have standard brakes

SEAT OPTIONS

Padded Open Front

Other: _____

ARM RESTS

Band I Catalogue Shower/Commodes all have swing-up arm rests

Padded

Non Padded

FOOT PLATES

Standard swing away footrests

One piece sliding footplate

ACCESSORIES

Bedpan and carrier

Other: _____

Additional Information:

Empty text box for additional information

RESET

SUBMIT