

**SPECIFICATION FORM
BAND I
WHEELCHAIR**

FOR OFFICE USE ONLY

Received: / /
Request #:

This form is to be used when requesting Band I wheelchairs. 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

WHEELCHAIR TYPE

- Self Propelling Transit Amputee

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

SEAT SIZE

Please tick one)

Width	Depth	Width	Depth	Width	Depth
<input type="checkbox"/> 35cm (14")	X 40cm (16")	<input type="checkbox"/> 40cm (16")	X 45cm (18")	<input type="checkbox"/> 45cm (18")	X 45cm (18")
<input type="checkbox"/> 40cm (16")	X 40cm (16")	<input type="checkbox"/> 45cm (18")	X 40cm (16")	<input type="checkbox"/> 50cm (20")	X 45cm (18")

ARMRESTS

- Desk Adjustable-Standard Full Adjustable

LEGRESTS AND FOOTPLATES

- Standard Hangers Left Right Stump Support Left Right
- Height _____ Inches **OR** _____ cm **(Height = seat upholstery to heel)**

ACCESSORIES

- Seat Belt Anti-Tips Calf Strap

Band I Catalogue wheelchairs come standard with these items.

ADDITIONAL INFORMATION

RESET

SUBMIT