

**SPECIFICATION FORM
BAND II & III
WHEELCHAIR**

FOR OFFICE USE ONLY

Received: / /
Request #:

This form is to be used when requesting complex wheelchairs. Please include the completed form with your Band II or III Complex Equipment 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

MANUAL

- | | | | |
|---------------------------------------------------------|-------------------------------------------------------|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Standard Lightweight | <input type="checkbox"/> Self Propelling | <input type="checkbox"/> Transit | <input type="checkbox"/> Buggy |
| <input type="checkbox"/> Ultra Lightweight ¹ | <input type="checkbox"/> Folding | <input type="checkbox"/> Fixed | <input type="checkbox"/> Camber _____ |
| <input type="checkbox"/> Heavy Duty ¹ | <input type="checkbox"/> Other (please specify) _____ | | |

¹Please include itemised quote from supplier with the Service Request form

POWER

- | | | | | |
|-------------------------------------------------------|------------------------------------------|------------|-------------------------------|--------------------------------|
| <input type="checkbox"/> Rear Wheel Drive | <input type="checkbox"/> Mid Wheel Drive | Controller | <input type="checkbox"/> Left | <input type="checkbox"/> Right |
| <input type="checkbox"/> Other (please specify) _____ | | | | |

FEATURES

- | | | | |
|------------------------------------------------------------------------------|------------------------------------------|----------------------------------------------|----------------------------------|
| <input type="checkbox"/> Low Line ¹ | <input type="checkbox"/> Manual Recliner | <input type="checkbox"/> Manual Tilt'n'Space | <input type="checkbox"/> Amputee |
| <input type="checkbox"/> Tick if a specific seat to floor height is required | | Height _____ cm | |
| <input type="checkbox"/> Other (please specify) _____ | | | |

¹Please include itemised quote from supplier with the Service Request form

SEAT SIZE (PLEASE TICK ONE)

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

UPHOLSTERY

- | | | | | | |
|-------------------------------------------------------|------------------------------|-----------------------------|------|------------------------------|-----------------------------|
| Back | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Seat | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Other (please specify) _____ | | | | | |

Person's Name: _____

Assessors' Name: _____

ARMREST S

- Desk Adjustable-Standard Full Adjustable
 Other (please specify) _____ Height _____ cm or inches

LEGREST HANGERS

- Standard Hangers Left Right Stump Support Left Right
 Manual Elevating Left Right Other (please specify) _____
Height _____ cm or inches

FOOTPLAT ES

- Standard (Plastic) One Piece Metal Large
 Angle/Depth Adjustable Other (please specify) _____

REAR WH EE L S

- 12" (Std Transit) 24" (Std Self Propelling)
 Other (please specify) _____

CASTORS

- Standard Wide Narrow
 Other (please specify) _____

ACCESSORIES

- Seat Belt Anti-Tip Calf Strap
 Other (please specify) _____

ADDITIONAL INFORMATION

Please include an itemised quotation with the Service Request form where the specifications being requested are more complex, customised or other has been selected.

RESET

SUBMIT